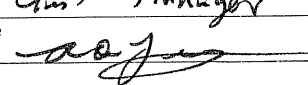


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 23, 2005	Applicant Identifier																												
		3. DATE RECEIVED BY STATE	State Application Identifier																												
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: Metropolitan Water District of Southern California		Organizational Unit: Department: Water System Operations Group																													
Organizational DUNS: 06 3842975		Division: Water Quality Section																													
Address: Street: 700 Moreno Avenue City: La Verne County: Los Angeles County State: CA Zip Code: 91750		RECEIVED JUN 30 2005 STATE CLEARING HOUSE																													
		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Christopher Middle Name: James Last Name: Gabelich Suffix:																													
		Email: cgabelich@mwadh2o.com																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002071		Phone Number (give area code) 909-392-5113	Fax Number (give area code) 909-392-5166																												
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-506 TITLE (Name of Program): Desalination and Water Purification Research		9. NAME OF FEDERAL AGENCY: Dept. of Interior, Bureau of Reclamation																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles, Ca; Yuma, AZ		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DEMONSTRATION-SCALE EVALUATION OF INTEGRATING 18-INCH DIAMETER REVERSE OSMOSIS ELEMENTS WITH CONCENTRATE MINIMIZATION TO ACHIEVE GREATER THAN 95 PERCENT TOTAL SYSTEM WATER RECOVERY																													
13. PROPOSED PROJECT Start Date: October 1, 2005 Ending Date: May 31, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Calif. Congressional Dist. 26 b. Project Ariz. Cong. Dist. 7																													
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>318,491</td> <td>00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>306,510</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>465,000</td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>1,851,600</td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>2,941,601</td> <td>00</td> </tr> </table>		a. Federal	\$	318,491	00	b. Applicant	\$	306,510	00	c. State	\$	465,000	00	d. Local	\$		00	e. Other	\$	1,851,600	00	f. Program Income	\$		00	g. TOTAL	\$	2,941,601	00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 23, 2005 b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	318,491	00																												
b. Applicant	\$	306,510	00																												
c. State	\$	465,000	00																												
d. Local	\$		00																												
e. Other	\$	1,851,600	00																												
f. Program Income	\$		00																												
g. TOTAL	\$	2,941,601	00																												
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Authorized Representative																															
Prefix	First Name Ricardo		Middle Name																												
Last Name De Leon		Suffix																													
b. Title Microbiology Unit Manager		c. Telephone Number (give area code) 909 392-5185																													
d. Signature of Authorized Representative 		e. Date Signed 6/23/05																													

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Nonconstruction <input type="checkbox"/> Nonconstruction		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources STATE SENATE 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: San Francisco Bay Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Marcia Brockbank 510-622-2325	
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.456 Title: National Estuary Program		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) San Francisco Bay Delta region, California		11. Descriptive Title of Applicant's Project: To restore water quality and natural resources through effective management and public/private partnerships, while maintaining the region's economic vitality. The SFEP's purpose is to oversee and track the implementation of a coordinated and comprehensive strategy for preserving, restoring and enhancing the Bay-Delta Estuary.	
13. Proposed Project: Start Date 1/1/2006 End Date 12/31/2006		14. Congressional District of: Applicant: Project: 3 California - All	
15. ESTIMATED FUNDING: a. Federal \$100,107 b. Applicant \$0 c. State \$99,893 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$200,000		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: July 5, 2005 b. NO: <input type="checkbox"/> Program is not covered by EO # 12372 <input type="checkbox"/> Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> YES, attach explanation <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 17/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 7/1/05		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Fresno			Organizational Unit: Department: Police Department		
Organizational DUNS: 071887855			Division:		
Address: Street: 2600 Fresno Street			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Fresno			Prefix: Ms. First Name: Judy		
County: Fresno			Middle Name		
State: CA Zip Code: 93721			Last Name: Garcia		
Country:			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000338			Email: judy.garcia@ci.fresno.ca.us		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			7. TYPE OF APPLICANT: (See back of form for Application Types) C		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-6000			9. NAME OF FEDERAL AGENCY: National Hwy Traffic Safety Admin		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Fresno			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Increasing Safety Belt Use Among 8 to 15 Year Olds in Fresno, CA		
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: 9/30/07			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 & 21 b. Project 20 & 21		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 249,916.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$.00			DATE: 7/1/05		
c. State \$.00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$.00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$.00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 249,916.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Roger		Middle Name	
Last Name Enmark				Suffix	
b. Title Acting Chief				c. Telephone Number (give area code) (559) 521-2100	
d. Signature of Authorized Representative <i>Acting Chief Roger Enmark</i>				e. Date Signed 7-1-05	

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Authorized for Local ReproductionStandard Form 424 (Rev. 9-20-03)
Prescribed by OMB Circular A-102

Application for
Federal Assistance

1. Type of Submission Application

☒ Construction
☒ Non-ConstructionPreapplication
☐ Construction
☐ Non-Construction2. Date Submitted
15-Jun-05

3. Applicant Identifier

3. Date received State

State Application Identifier

4. Date received by Federal
Agency:

Federal Identifier

5. Applicant Information

3. Legal Name:

Peninsula Corridor Joint Powers Board

Address (give city, county, state, and zip)

1250 San Carlos Avenue
San Carlos, San Mateo County, CA 94070Name and telephone of contact person (give area code)
Joel Slavitt, (650) 508-6476

6. Employer Identification Number (EIN):

9 4 3152903

8. Type of Application

☒ new ☐ continuation☐ RevisionIf revision, enter appropriate letter(s)
in boxes: ☐ ☐A. Increased Award B. Decreased Award
C. Increase Award D. Decrease Duration
Other (specify):

7. Type of Applicant (enter appropriate letter in box)

G

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermural
G. Special DistrictH. Independent School Dist.
I. State Controlled Institution
of higher learning.
J. Private University
K. Indian Tribe
L. Profit Institution
M. Other: MPO10. Catalog of federal domestic
assistance number:

9. Name of federal Agency:

Federal Transit Administration

12. Areas affected by project:

San Francisco, San Mateo and Santa Clara Counties

11. Descriptive title of applicant project:

FY 2005 Capital Improvements -
Train Tracking Information System

13. Proposed Project

Start Date:

5/31/2006

End Date:

12/31/2008

15. Estimated Funding

a. Federal	\$500,000
b. Applicant	
c. State	
d. Local	124,250 → 124,600
f. Program Income	
e. Other	
g. TOTAL	\$624,250

14. Congressional Districts of:

a. Applicant

8, 12, 13, 14, 15 & 16

B. Project

8, 12, 13, 14, 15 & 16

16. Is application subject to review by state executive 12372 process?

Yes

a. Yes this preapplication/application was made available to the
state executive order 12372 process review on

Date:

b. No ☐ Program is not covered by E.J. 12372or ☐ or program has not been selected by state for review

17. Is the applicant delinquent

on any federal debt?

☐ Yes (attach an explanation)☒ No.

18. To the best of my knowledge and belief, all data in this application preapplication are true and correct.

The document has been duly authorized by the governing body of the applicant and the applicant will comply
with the attached assurances if assistance is awarded.

a. Typed Name of Authorized Representative

Michael J. Scanlon

b. Title

Executive Director

c. Telephone Number:

(650) 508-6221

d. Signature of Authorized representative

e. Date Signed

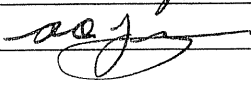
6-16-05

RECEIVED

JUL 05 2005

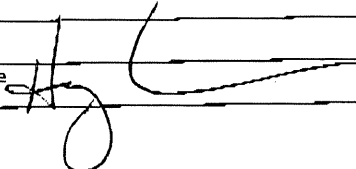
STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 23, 2005	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
5. APPLICANT INFORMATION Legal Name: Metropolitan Water District of Southern California Organizational DUNS: 063842975 Address: Street: 700 Moreno Avenue City: La Verne County: Los Angeles State: California Zip Code: 91750 Country: United States of America		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Organizational Unit: Department: Water System Operations Group Division: Water Quality Section Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Christopher Middle Name: James Last Name: Gabelich Suffix: Email: cgabelich@mwdh2o.com Phone Number (give area code): 909-392-5113 Fax Number (give area code): 909-392-5166																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 95-6002071 </div>		7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: Department of the Interior, Bureau of Reclamation, Denver, CO																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15-506 </div> TITLE (Name of Program): Desalination and Water Purification Research and Development Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Optimization of Conventional Treatment with Pre-Ozonation and Biological Filtration to Reduce Organic and Colloidal Fouling of Polyamide Reverse Osmosis Membranes																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California; Yuma, Arizona		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California Congressional District 26 b. Project Arizona Congressional District 7																						
13. PROPOSED PROJECT Start Date: October 1, 2005 Ending Date: October 1, 2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 23, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>78,437⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>82,284⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>252,400⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>413,121⁰⁰</td> </tr> </table>		a. Federal	\$	78,437 ⁰⁰	b. Applicant	\$	82,284 ⁰⁰	c. State	\$		d. Local	\$		e. Other	\$	252,400 ⁰⁰	f. Program Income	\$		g. TOTAL	\$	413,121 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	78,437 ⁰⁰																						
b. Applicant	\$	82,284 ⁰⁰																						
c. State	\$																							
d. Local	\$																							
e. Other	\$	252,400 ⁰⁰																						
f. Program Income	\$																							
g. TOTAL	\$	413,121 ⁰⁰																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Authorized Representative Prefix First Name Ricardo Middle Name Last Name De Leon Suffix b. Title Microbiology Unit Manager c. Telephone Number (give area code) 909-392-5115 d. Signature of Authorized Representative  e. Date Signed 6/23/05																								

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier																						
		3. DATE RECEIVED BY STATE	State Application Identifier																						
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																						
5. APPLICANT INFORMATION Legal Name: Korean Churches for Community Development Organizational DUNS: 14-648-5660 Address: Street: 3550 Wilshire Blvd., Suite 500 City: Los Angeles County: Los Angeles State: California Zip Code: 90010 Country: USA			Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Hyeph Middle Name: Last Name: Im Suffix: Email: hyephin@yahoo.com Phone Number (give area code): (213) 805-2416 Fax Number (give area code): (209) 391-4310																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 03-0417254			7. TYPE OF APPLICANT: (See back of form for Application Types) Non-Profit Other (specify): 9. NAME OF FEDERAL AGENCY: DHHS, ACF, OCS																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Business Development Project for Job Creation <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 01 2005 </div>																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE (Name of Program): Community Economic Development Discretionary Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Greater Los Angeles, Los Angeles, California			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 33 STATE CLEARING HOUSE 33																						
13. PROPOSED PROJECT Start Date: 10/01/05 Ending Date: 930/08			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 1, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>700,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>700,000</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,400,000</td> </tr> </table>			a. Federal	\$	700,000	b. Applicant	\$		c. State	\$		d. Local	\$		e. Other	\$	700,000	f. Program Income	\$		g. TOTAL	\$	1,400,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	700,000																							
b. Applicant	\$																								
c. State	\$																								
d. Local	\$																								
e. Other	\$	700,000																							
f. Program Income	\$																								
g. TOTAL	\$	1,400,000																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																									
a. Authorized Representative Prefix: First Name: Hyeph Last Name: Im Title: President/CEO Signature of Authorized Representative: 			Middle Name: Suffix: c. Telephone Number (give area code): (213) 805-4216 e. Date Signed:																						

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 Standard Form 424 (Rev.9-2003)
 Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/30/2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Community Equity Partners, Inc		Organizational Unit: Department:	
Organizational DUNS: 147359249		Division:	
Address: Street: 22836 Mountain Laurel		Name and telephone number of person involving this application (give area code) Prefix: First Name: Samuel	
City: Diamond Bar		Middle Name Keith	
County: Los Angeles County		Last Name Hughes	
State: CA	Zip Code 91765	Suffix:	
Country: United States		Email: shughes324@earthlink.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4752278		Phone Number (give area code) 909.843.6389	Federal Identifier (give area code) 3.6423
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Non Profit Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 93-570		9. NAME OF FEDERAL AGENCY: OCS,HHS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County		11. DESCRIPTIVE TITLE OF APPLICATION: Business Development Loan	
13. PROPOSED PROJECT Start Date: October 2005 Ending Date: September 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 42nd District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 650,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPRAISAL WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/30/2005	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT IN ANY FEDERAL DEBT?	
e. Other	\$ 850,000.00	<input checked="" type="checkbox"/> No	
f. Program Income	\$.00	If "Yes" attach an explanation.	
g. TOTAL	\$ 1,500,000.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT HAS ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative		b. Title	
Prefix	First Name Samuel	Middle Name Keith	
Last Name Hughes		Suffix	
c. Title Director		c. Telephone Number (give area code) 909.846.6389	
d. Signature of Authorized Representative		e. Date Signed 06/30/2005	

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STATE CLEARING HOUSEHard Form 424 (Rev.9-2003)
Revised by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ ____ X ____ Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier CE 97902801
6. D U N S Number: 808321913		7. Type of Applicant: (enter appropriate letter) <u> X </u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
8. Type of Application: ____ New ____ X ____ Revision ____ Continuation If Revision, enter appropriate letter(s): <u> A </u> <u> C </u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.456 Title: National Estuary Program		11. Descriptive Title of Applicant's Project: Scope of the overall workplan continues to be devoted to management and oversight of storm water pollution control, habitat restoration and other bond-related projects: development of long-term restoration and pollution control strategies in targeted watersheds; updates and refinement of environmental indicators; reports and tracking; outreach programs and completing establishment of new joint powers authority.	
12. Area Affected by Project: (cities, counties, states, etc.) Santa Monica Bay, San Francisco, CA		14. Congressional District of: Applicant: Project: 3 California - All	
13. Proposed Project: Start Date End Date 10/1/2005 9/30/2006		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u> X </u> This application/preapplication was made available to the State EO 12372 process for review on: Date: June 30, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
15. ESTIMATED FUNDING: a. Federal \$352,251 b. Applicant \$0 c. State \$376,824 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$729,075		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation ____ X ____ NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Coloste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		c. Date Signed:	

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STATE CLEARING HOUSE

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED JULY 1, 2005	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input checked="" type="checkbox"/> Non-Construction				

6. APPLICANT INFORMATION	
Legal Name: 1010 DEVELOPMENT CORPORATION	Organizational Unit: Department: N/A
Organizational DUNS: 153420620	Division: N/A
Address: Street: 1001 SOUTH HOPE STREET, FIRST FLOOR	
City: LOS ANGELES	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS.
County: LOS ANGELES	First Name: KELLE
State: CA	Middle Name: M.
Zip Code: 90015-1407	Last Name: ROSE
Country: USA	Suffix:
Email: KROSE@1010DEV.ORG	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4345495	Phone Number (give area code): 213-749-0214 x27
Fax Number (give area code): 213-749-3098	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Non-profit
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE (Name of Program): Community Economic Development Discretionary Grant	9. NAME OF FEDERAL AGENCY: DHHS, ACF, OCS
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF LOS ANGELES, LOS ANGELES COUNTY, STATE OF CALIFORNIA	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Business development project for job creation through retail center with grocery store as anchor and five other small retail stores
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: 9/30/08	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-34 b. Project CA-34
15. ESTIMATED FUNDING: a. Federal \$ 700,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$ 1,000,000.00 f. Program Income \$.00 g. TOTAL \$ 1,700,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6-30-05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix DR. First Name DARELL Middle Name T. Last Name WEIST Suffix	
b. Title PRESIDENT/CEO c. Telephone Number (give area code) 213-749-0214 x11	
d. Signature of Authorized Representative e. Date Signed 6-27-05	

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APPLICATION FOR FEDERAL ASSISTANCE

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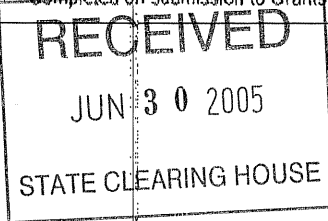
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/30/2005 3. DATE RECEIVED BY STATE 06/30/2005 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier _____ State Application Identifier _____ Federal Identifier _____
5. APPLICANT INFORMATION * Legal Name: Sonoma County * Organizational DUNS: 957501554 Address: * Street1: 2300 County Center Drive Ste 120A Street2: _____ * City: Santa Rosa County Sonoma * State: CA * Zip Code: 95403-3029 * Country: USA		Organizational Unit: Department: Regional Parks Division: Planning Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: _____ * First Name: Elizabeth Middle Name: A. * Last Name: Tyree Suffix: _____ * Email: etyree@sonoma-county.org * Phone Number (give area code) 707-565-2041 Fax Number (give area code) 707-579-8247		
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 94-8000539		7. * TYPE OF APPLICANT: County Government Other (specify): _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. * NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE TITLE: Coastal Zone Management Administration Awards		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tolay Lake Ranch Acquisition		
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sonoma County		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant 6 * b. Project 6		
13. * PROPOSED PROJECT: * Start Date 09/01/2005 * Ending Date 08/30/2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 08/30/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. * ESTIMATED FUNDING: * a. Federal \$ 488,246.00 * b. Applicant \$ 55,212.00 * c. State \$ 2,977,078.00 * d. Local \$ 0.00 * e. Other \$ 202,980.00 * f. Program Income \$ 0.00 g. TOTAL \$ 3,723,516.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: _____ * First Name: Mary Middle Name: E. * Last Name: Burns Suffix: _____ * b. Title: Director Regional Parks * c. Telephone Number (give area code): 707-565-2041 * Email: mburns@sonoma-county.org Fax Number (give area code): 707-579-8247				
d. Signature of Authorized Representative: _____		e. Date Signed: Completed on submission to Grants.gov		

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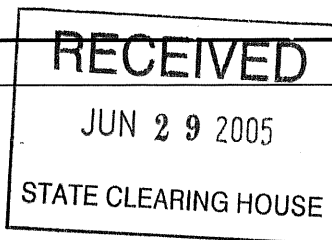


APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/30/2005		Applicant Identifier R-9 #05-401	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: CITY OF MISSION VIEJO		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: 78-667-0141		Organizational Unit: Department: DEPARTMENT OF PUBLIC WORKS		Division: ENGINEERING	
Address: Street: 200 CIVIC CENTER		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: JOSEPH			
City: MISSION VIEJO		Middle Name JOHN			
County: ORANGE		Last Name AMES			
State: CALIFORNIA		Suffix:			
Zip Code 92691		Email: JAMES@CITYOFMISSIONVIEJO.ORG			
Country: UNITED STATES		6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-0283448		Phone Number (give area code) (949) 470-8419	
9. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Fax Number (give area code) (949) 581-5394			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): CONSOLIDATED APPROPRIATIONS ACT OF 2005		7. TYPE OF APPLICANT: (See back of form for Application Types) MUNICIPAL Other (specify)			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY		9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY (EPA)			
13. PROPOSED PROJECT Start Date: 09-12-2005 Ending Date: 12-16-2006		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: OSO CREEK BARRIER PROJECT - WATER RECYCLING PROJECT ON OSO CREEK.			
15. ESTIMATED FUNDING: a. Federal \$ 192,400 b. Applicant \$ c. State \$ d. Local \$ 157,418 e. Other \$ f. Program Income \$ g. TOTAL \$ 349,818		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 42ND b. Project 42ND			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/29/2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Authorized Representative Prefix MR. First Name DENNIS Middle Name R. Suffix		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
b. Title CITY MANAGER		c. Telephone Number (give area code) (849) 470-3051			
d. Signature of Authorized Representative		e. Date Signed			

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 10, 2005	Applicant Identifier OCS-2	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Fresno County Economic Opportunities Commission		Organizational Unit: Department:		
Organizational DUNS: 07-878-8023		Division:		
Address: Street: 1920 Mariposa Mall, Suite 300 City: Fresno County: Fresno State: California Zip Code: 93721 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Paul Middle Name: Last Name: McLain-Lugowski Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1606519		Email: paul.mclain-lugowski@fresnoeoc.org Phone Number (give area code): 559-264-1048 Fax Number (give area code): 559-264-1004		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Non Profit Community Development Corporation Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Discretionary Grant Program - Operational Projects		9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCF		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of 50,140 sf Neighborhood Youth Center in the EZ of Fresno, CA. The Economic Opportunities Commission develop, own and manage this complex, providing comprehensive programming. This project will create 85 jobs, with 72 filled by low-income individuals. HHS-2005-ACF-OCS-EE-0019		
13. PROPOSED PROJECT Start Date: 9/30/05 Ending Date: 9/30/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19 & 20 b. Project 19 & 20		
15. ESTIMATED FUNDING: a. Federal \$ 700,000.00 b. Applicant \$.00 c. State \$ 6,016,720.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 6,716,720.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 10, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix Mr. First Name Roger Middle Name Last Name Palomino Suffix b. Title Executive Director c. Telephone Number (give area code) 559-263-1010 d. Signature of Authorized Representative <i>Roger Palomino</i> e. Date Signed June 10, 2004				

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/27/05		Applicant Identifier	
5. APPLICANT INFORMATION Legal Name:		3. DATE RECEIVED BY STATE		State Application Identifier	
Pro-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: 171087653		Organizational Unit: Department:		Division:	
Address: Street: 5121 Van Nuys Blvd., 3rd Floor		RECEIVED JUN 29 2005 STATE CLEARING HOUSE		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Roberto	
City: Van Nuys County: Los Angeles		Middle Name		Last Name Barragan	
State: CA		Zip Code 91403		Suffix:	
Country: USA		Email: roberto@vedc.org		Phone Number (give area code) 818-907-9977	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3139419		Fax Number (give area code) 818-907-9720		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Non-Profit, Economic Development Corporation	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: Department of Health & Human Services		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pacoima Business/Revitalization Incubator Program	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE (Name of Program): Community Services Block Grant Discretionary Awards		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northeast San Fernando Valley, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 26 b. Project 26, 27, 28, 30, 31	
13. PROPOSED PROJECT Start Date: October 2005 Ending Date: March 2008		15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/29/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal \$ 700,000		b. Applicant \$ 864,887		c. State \$	
d. Local \$		e. Other \$ 2,775,000		f. Program Income \$	
g. TOTAL \$ 4,339,887		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix Mr. First Name Roberto Middle Name		Last Name Barragan Suffix		c. Telephone Number (give area code) 818-907-9977	
b. Title President		d. Signature of Authorized Representative		e. Date Signed 6/27/05	

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/1/05	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION Legal Name: Southeast Communities Prevention & Intervention Programs, Inc.		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Organizational DUNS: 006823475		Organizational Unit: Department:		
Address: Street: 4401 Crenshaw Blvd., Suite 315 City: Los Angeles County: Los Angeles State: California Zip Code: 90043 Country: U.S.A.		Division: RECEIVED JUN 28 2005 STATE CLEARING HOUSE		
		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Eddie Middle Name: Mae Last Name: Williams Suffix:		
		Email: eddlewilliamsed12wil@yahoo.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4384886		Phone Number (give area code) 323) 290-3593 Fax Number (give area code) 323) 290-3594		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Nonprofit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE (Name of Program): DHHS, ACF, Office of Community Services; Community Services Block Grant Program		9. NAME OF FEDERAL AGENCY: HHS-ACF- Office of Community Services		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): South Los Angeles		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Business development project for job creation through Southeast Communities Prevention & Intervention Programs, Inc.		
13. PROPOSED PROJECT Start Date: 10/01/05 Ending Date: 9/30/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 33 b. Project 33		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 450,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$ 40,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 410,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 900,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Eddie	Middle Name Mae		
Last Name Williams	Suffix			
b. Title Executive Director	c. Telephone Number (give area code) 323) 290-3593			
d. Signature of Authorized Representative <i>Eddie Mae Williams</i>	e. Date Signed 6/28/05			

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/28/2005		Applicant Identifier CITY OF MONTEBELLO	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: CITY OF MONTEBELLO		4. DATE RECEIVED BY FEDERAL AGENCY 05/12/2005		Federal Identifier CA-90-Y378	
Organizational DUNS: 0666 77386		Organizational Unit: Department: TRANSPORTATION		Division: ADMINISTRATION	
Address: Street: 400 S. TAYLOR AVENUE		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS. First Name: PAULA		Middle Name E.	
City: MONTEBELLO		Last Name FAUST		Suffix:	
County: LOS ANGELES		Email: PFAUST@CITYOFMONTEBELLO.COM		Phone Number (give area code) (323) 887-4658	
State: CALIFORNIA		Zip Code 90640		Fax Number (give area code) (323) 887-4643	
Country: USA		6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000746		7. TYPE OF APPLICANT: (See back of form for Application Types) MUNICIPAL Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: FTA/FHWA LOS ANGELES METROPOLITAN OFFICE, REGION IX		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: BUS PURCHASE, ASSOCIATED CAPITAL MAINTENANCE, TIRE LEASE	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-507		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF MONTEBELLO AND SERVICE AREAS		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 38 b. Project 26, 29, 31, 32, 34, 39, AND 42	
13. PROPOSED PROJECT Start Date: 07/01/2005 Ending Date: 12/30/2005		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/28/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
15. ESTIMATED FUNDING: a. Federal \$ 2,179,163.00 b. Applicant \$ c. State \$ d. Local \$ 163,886.00 e. Other \$ f. Program Income \$ g. TOTAL \$ 2,743,049.00		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix MS. First Name BRITTANY Middle Name T. Last Name ZHUANG Suffix b. Title MANAGEMENT ANALYST/GRANTS c. Telephone Number (give area code) (323) 887-4659 d. Signature of Authorized Representative e. Date Signed 06/28/2005			

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Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 27, 2005	Applicant Identifier 01-2
		3. DATE RECEIVED BY STATE	State Application Identifier 04-016-680151208
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Corcoran Investment Group Address (give city, county, State, and zip code): 1010 Racquet Club Drive, Suite 108 Auburn, CA 95603		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;"> RECEIVED JUN 27 2005 </div>	Organizational Unit: a California Limited Partnership Name and telephone number of person to be contacted on matters involving this application (give area code): Tina Williams (530) 823-2477
6. EMPLOYER IDENTIFICATION NUMBER (EIN) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 68-0151208 </div>		STATE CLEARING HOUSE	

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____
9. NAME OF FEDERAL AGENCY: USDA-Rural Development	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10-415 </div> TITLE: _____	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation Corcoran Garden Apartments 1307 Bainum Avenue Corcoran, CA 93212
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Corcoran, Kings County, California	

13. PROPOSED PROJECT Start Date Ending Date 8/1/05 2/1/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4 b. Project 20	
--	---	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/27/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 302,375.00	
b. Applicant	\$ 9,352.00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. TOTAL	\$ 311,727.00	

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
--	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Ronald D. Bettencourt	b. Title General Partner	c. Telephone Number (530) 823-2477
d. Signature of Authorized Representative 		e. Date Signed 5/27/05

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5/1/05	Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: RURAL MEDIA ARTS & EDUCATION PROJECT		Organizational Unit: Department:	
Organizational DUNS: 118 248 900		Division:	
Address: Street: 4994 6th St. City: PO Box 598 County: RECEIVED State: JUN 27 2005 Country: STATE CLEARING HOUSE		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: ANTHONY Middle Name: L. Last Name: RADANOVICH Suffix: Email: tony@sti.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): JC-111111 31 1736 950		Phone Number (give area code): 209 742 6666 Fax Number (give area code):	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) NONPROFIT Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10.766		9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: APPLICATION PROCESS FOR COMMUNITY FACILITIES LOAN (PRE-APPLICATIONS APPROVED)	
13. PROPOSED PROJECT Start Date: MAY 2005 Ending Date: NOVEMBER 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19th b. Principal 19th	
15. ESTIMATED FUNDING: a. Federal \$ 175,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ 175,000 f. Program Income \$ g. TOTAL \$ 350,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix: MR First Name: ANTHONY Last Name: RADANOVICH Title: EXEC. DIRECTOR		Middle Name: L. Suffix: c. Telephone Number (give area code): 209 742 6666 e. Date Signed: 05/01/2005	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 03/03/05		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Rural Media Arts and Education Project			Organizational Unit: Department:		
Organizational DUNS: 118248900			Division:		
Address: Street: 4994 6th Street			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Mariposa			Prefix: Mr		First Name: Anthony
County: Mariposa			Middle Name: L		Last Name: Radanovich
State: CA			Suffix:		
Country: US			Email: tony@sti.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 3 1 - 1 7 3 6 9 5 0			Phone Number (give area code) 209-742-6666		Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):			7. TYPE OF APPLICANT: (See back of form for Application Types) O. Nonprofit Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mariposa, Mariposa County, Madera County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Technology grant matching funds to CTFC (Community Technology Foundation of California) grant.		
13. PROPOSED PROJECT Start Date: January 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19th		
15. ESTIMATED FUNDING: a. Federal \$ RURAL DSV 25000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$ CTFC 55000.00 f. Program Income \$.00 g. TOTAL \$ 80000.00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr		First Name: Anthony		Middle Name: L	
Last Name: Radanovich		Suffix:			
b. Title: Executive Director		c. Telephone Number (give area code): 209-742-6666			
d. Signature of Authorized Representative		e. Date Signed: 03-03-05			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: City of Maricopa		Organizational Unit:	
Organizational DUNS:		Department:	
Address: Street: P.O. Box 548		Division:	
City: Maricopa		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Kern		Prefix: Ms.	First Name: Katie
State: California		Middle Name Elizabeth	
Zip Code 93252	Last Name Amos		
Country: United States of America		Suffix:	
		Email: katiea@selfhelpenterprises.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 0 7 4 3	Phone Number (give area code) 559-651-1000 ext. 686	Fax Number (give area code) 559-651-3634
---------------------	--	---

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 0

TITLE (Name of Program):
Water & Waste Disposal Loan and Grant Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

City of Maricopa, Kern County, California

13. PROPOSED PROJECT

Start Date: March 2007	Ending Date: December 2007
---------------------------	-------------------------------

15. ESTIMATED FUNDING:

a. Federal	\$	1,964,716 ⁰⁰
b. Applicant	\$	0 ⁰⁰
c. State	\$	2,000,000 ⁰⁰
d. Local	\$	42,790 ⁰⁰
e. Other	\$	5,700 ⁰⁰
f. Program Income	\$	
g. TOTAL	\$	4,013,206 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Virgil	Middle Name
Last Name Bell	Suffix	
b. Title City Mayor	c. Telephone Number (give area code) (661) 769-8279	
d. Signature of Authorized Representative	e. Date Signed 6-22-05	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 30, 2005		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Neighborhood House of Calexico, Inc.		Organizational Unit:			
Organizational DUNS: 088551338		Department: Micro Business Service Center			
Address:		Division: Not applicable			
Street: 506 E Fourth Street		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: Calexico		Prefix:		First Name: Laura	
County: Imperial		Middle Name E.		Last Name Martinez	
State: CA		Zip Code: 92231		Suffix:	
Country: United States of America		Email: leauramartinez@clxnh.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1782324		Phone Number (give area code) 760-357-6875		Fax Number (give area code) 760-768-9555	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) O.- Not for Profit Organization Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570		9. NAME OF FEDERAL AGENCY: Department of Health and Human Services			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Micro Business Service Center Priority Area 1- Operational Project			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date: October 1, 2005		Ending Date: September 31, 2008		a. Applicant 51st	
15. ESTIMATED FUNDING:		b. Project 51st			
a. Federal		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
b. Applicant		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
c. State		DATE: June 27, 2005			
d. Local		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
e. Other Foundations & Banks		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name Ricardo		Middle Name	
Last Name Ortega		Suffix		c. Telephone Number (give area code) 760-357-6875	
b. Title Executive Director		d. Signature of Authorized Representative 		e. Date Signed June 27, 2005	

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APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITT

6-24-05

Applicant Identifier

R9 Tracking Number: 05-419

1. TYPE OF SUBMISSION
Application

Preapplication

3. DATE RECEIVED BY STATE

State Application Identifier

☐ Construction
☒ Non-Construction☐ Construction
☐ Non-Construction

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

Organizational Unit:

Address (give city, county, state, and zip code):

21865 COPLEY DRIVE
DIAMOND BAR, CA 91765

DUNS #025986159

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Mary Leonard (909) 396-2780

6. EMPLOYER IDENTIFICATION (EIN):

953099419

7. TYPE OF APPLICANT: (enter appropriate letter here) N

- A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Special District

RECEIVED

JUN 27 2005

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☒ RevisionIf Revision, enter appropriate letter(s) in box(es): ☐ ☐

- ☒ A. Increase Award
☒ C. Increase Duration
☐ Other Specify:

- ☐ B. Decrease Award
☐ D. Decrease Duration

9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency
Gary Lance

RECEIVED

JUN 24 2005

STATE CLEARING HOUSE

10. CATALOG OF FEDERAL

DOMESTIC ASSISTANCE NUMBER: 66.034

TITLE: Surveys, Studies, Investigations, Special Purpose Activities related to the CCA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

\$103 Research Grant: PM_{2.5}

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Orange, and the non-desert areas of Los Angeles, Riverside, and Bernardino Counties

13. PROPOSED PROJECT:

Start Date

End Date

10/01/2003

09/30/2006

14. CONGRESSIONAL

a. Applicant: 38,42

b. Project: 24-48

15. Estimated Funding:

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:DATE 6-24-05

b. NO.

☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

a. Federal

\$

721,244

b. Applicant

\$

c. State

\$

d. Local

\$

e. Other

\$

f. Program Income

\$

g. TOTAL

\$

721,244

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative.

Barry R. Wallerstein, D.Env.

b. Title:

Executive Officer

c. Telephone Number

(909) 396-2100

d. Signature of Authorized Representative

c. Date Signed

6/22/05

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/23/2005	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Eastern Municipal Water District		Organizational Unit: Department: Water Resources Management	
Organizational DUNS: 04-778-9870		Division:	
Address: Street: 2270 Trumble Road / P.O. Box 8300		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Perris		Prefix:	First Name: Bruce
County: Riverside		Middle Name: Behrooz	
State: CA		Last Name: Mortazavi	
Country: USA		Suffix: Ph.D., P.E.	
Zip Code: 92572-8300		Email: mortazavib@emwd.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6004429		Phone Number (give area code) 951-928-3777 extension 4338	Fax Number (give area code) 951-928-6120
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-506 TITLE (Name of Program): Desalination and Water Purification Research and Development Program (DWPR)		9. NAME OF FEDERAL AGENCY: United States Bureau of Reclamation	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Evaluation and Selection of Available Processes for a Zero-Liquid Discharge System for the Perris, California, Groundwater Basin	
13. PROPOSED PROJECT Start Date: 9/2005 Ending Date: 10/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 41, 44, 45, 49 b. Project 49	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 99,989.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 125,504.00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 225,493.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Anthony	Middle Name J.	
Last Name Pack	Suffix		
b. Title General Manager	c. Telephone Number (give area code) 951-928-3777		
d. Signature of Authorized Representative	e. Date Signed June 23, 2005		

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Prescribed by OMB Circular A-102


APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/23/2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Eastern Municipal Water District		Organizational Unit: Department: Water Resources Management	
Organizational DUNS: 04-778-9870		Division:	
Address: Street: 2270 Trumble Road / P.O. Box 6300		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Perris		Prefix:	First Name: Bruce
County: Riverside		Middle Name: Behrooz	RECEIVED JUN 24 2005 STATE CLEARING HOUSE
State: CA		Last Name: Mortazavi	
Zip Code: 92572-8300	Suffix: Ph.D., P.E.		STATE CLEARING HOUSE
Country: USA	Email: mortazavi@emwd.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6004429		Phone Number (give area code) 951-928-3777 extension 4338	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-506		9. NAME OF FEDERAL AGENCY: United States Bureau of Reclamation	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Evaluation and Selection of Available Processes for a Zero-Liquid Discharge System for the Perris, California, Groundwater Basin	
13. PROPOSED PROJECT Start Date: 9/2005 Ending Date: 10/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 41, 44, 45, 49 b. Project 49	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 99,989	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 125,504	DATE:	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 225,493		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Anthony	Middle Name J.	
Last Name Pack	Suffix		
b. Title General Manager	c. Telephone Number (give area code) 951-928-3777		
d. Signature of Authorized Representative	e. Date Signed June 23, 2005		

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): <u>June 24, 2005</u>		3. a. DATE RECEIVED BY STATE:	3. b. STATE APPLICATION IDENTIFIER:
		4. a. DATE RECEIVED BY CNCS:	4. b. CNCS GRANT NUMBER:
5. APPLICANT INFORMATION			
5a. LEGAL NAME: Legal Services of Northern California		5d. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (include contact): NAME: David L. Mandel TELEPHONE NUMBER: (916) 551 - 2145 FAX NUMBER: (916) 551 - 2197 INTERNET E-MAIL ADDRESS: dmandel@lsnc.net WEBSITE: www.seniorlegalhotline.org	
5b. ORGANIZATIONAL DUNS: 086126596		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 24 2005 STATE CLEARING HOUSE </div>	
5c. ADDRESS (give street address, city, county, state and zip code): 517 12th Street Sacramento, Calif. 95814			
6. EMPLOYER IDENTIFICATION NUMBER (EIN) STATE CLEARING HOUSE <u>94-11384659</u>		7. a. TYPE OF APPLICANT: (enter appropriate number in box) <u>11</u>	
8. TYPE OF APPLICATION (Check appropriate box): <input checked="" type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION: <input type="checkbox"/> B. BUDGET REVISION: <input type="checkbox"/> C. NO COST EXTENSION: <input type="checkbox"/> to _____ (enter date) E. OTHER (specify below): <input type="checkbox"/>		7. b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: <u>7</u> <u>23</u> _____ 9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>94013</u> Name of Program: AmeriCorps*VISTA		11. a. TITLE OF APPLICANT'S PROJECT: Senior Legal Hotline - Capacity Building	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): California		11. b. CNCS PROGRAM INITIATIVE (IF ANY):	
13. PROPOSED PROJECT: START DATE: <u>11/01/05</u> END DATE: <u>10/31/05</u>			
14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/>		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$	<input checked="" type="radio"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <u>6/24/05</u>	
b. APPLICANT	\$ 34,359 <u>34,359</u>		
c. STATE	\$ N/A	<input type="radio"/> NO: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. LOCAL	\$ N/A		
e. OTHER	\$ N/A	16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
f. PROGRAM INCOME	\$ N/A		
g. TOTAL	\$		
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Gary F. Smith		b. TITLE: Executive Director	c. TELEPHONE NUMBER: 916 551-2111
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 		e. DATE SIGNED: <u>6-24-05</u>	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/27/05	Applicant Identifier
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: San Fernando Valley Small Business Development Corporation (SFV-FDC)		Organizational Unit: Department:	
Organizational DUNS: 55-7290595		Division:	
Address: Street: 12502 Van Nuys Blvd., Suite 119 Pacolma, CA 91331		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Los Angeles		Prefix: Mr.	First Name: Roberto
County: Los Angeles		Middle Name	
State: CA		Last Name Barragan	
Zip Code 91331		Suffix:	
Country: USA		Email: roberto@vedc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3464246		Phone Number (give area code) (818) 907-9977	Fax Number (give area code) (818) 907-9720
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Non-Profit, Economic Development Corporation	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570		9. NAME OF FEDERAL AGENCY: Department of Health & Human Services	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northeast San Fernando Valley, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pacolma Business/Revitalization Incubator Program	
13. PROPOSED PROJECT Start Date: October/2005 Ending Date: March/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 26 b. Project 26,27,28,30,31	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 700,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/27/05	
b. Applicant	\$ 864,887	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 2,775,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 4,339,887		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Mr.	First Name Roberto	Middle Name	
Last Name Barragan		Suffix	
b. Title President		c. Telephone Number (give area code) (818) 907-9977	
d. Signature of Authorized Representative		e. Date Signed 6/27/05	

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <input type="text"/>	Applicant Identifier <input type="text"/>
		3. DATE RECEIVED BY STATE <input type="text"/>	State Application Identifier <input type="text"/>
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY <input type="text"/>	Federal Identifier <input type="text"/>

5. APPLICANT INFORMATION		Organizational Unit:	
* Legal Name: Multicultural Community and Family Services * Organizational DUNS: 134164206		Department: Community Education Division:	
Address: * Street1: 7437 Broadway Street2: * City: Lemon Grove County San Diego * State: CA * Zip Code: 91945 * Country USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. * First Name: Chinazom Middle Name: Bessie * Last Name: Iwuaba Suffix: * Email: amaka@multiculturalcomm.org * Phone Number (give area code) (619) 640-2211 Fax Number (give area code) (619) 465-6966	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0945781		7. * TYPE OF APPLICANT: Institution (Other than Institution of Higher Learning) Other (specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. * NAME OF FEDERAL AGENCY: Administration for Children and Families	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 93.571 TITLE: Community Services Block Grant Discretionary Awards_Community Food and Nutrition		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Collaborative Community Food and Nutrition Program.	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County			
13. * PROPOSED PROJECT: * Start Date 10/01/2005 * Ending Date 09/30/2006		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant 53 * b. Project 53	
15. * ESTIMATED FUNDING: * a. Federal \$ 50,000.00 * b. Applicant \$ 9,400.00 * c. State \$ 0.00 * d. Local \$ 0.00 * e. Other \$ 0.00 * f. Program Income \$ 0.00 g. TOTAL \$ 59,400.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 06/17/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: Mrs. * First Name: Amaka Middle Name: Angelina * Last Name: Okeke Suffix:			
* b. Title: Executive Director * c. Telephone Number (give area code): (619) 464-6417 * Email: amaka@multiculturalcomm.org Fax Number (give area code): (619) 465-6966			
d. Signature of Authorized Representative: [Signature]		e. Date Signed: 6/10/05	

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Standard Form 424 (Rev. x-xx)

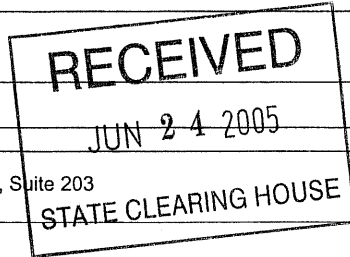
Prescribed by OMR Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6-17-05	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Home Start, Inc.		Department:	
Organizational DUNS: 158661678		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 5005 Texas Street, Suite 203		Prefix: Ms.	First Name: Sharon
City: San Diego, CA		Middle Name Ann	
County: San Diego		Last Name Hudnall	
State: California	Zip Code 92108	Suffix:	
Country: United States		Email: Shudnall@home-start.org	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3138268		Phone Number (give area code) (619) 692-0727	Fax Number (give area code) (619) 692-0785
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Not for Profit organization [501(c)(3)] Other (specify)	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE (Name of Program): Office of Community Services; CSBG T/TA Program Earned Income Tax Credit		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Financial Literacy Training and Technical Assistance for EITC Service Providers and Low-Income People	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County		9. NAME OF FEDERAL AGENCY: DHHS, Administration for Children and Families	

13. PROPOSED PROJECT Start Date: October 1, 2005 Ending Date: October 1, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 49 b. Project 49, 48, 50, 51, 52	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6-17-05	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 50,000.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix Mr.	First Name John	Middle Name M.
Last Name DeStefano		Suffix
b. Title Chief Executive Officer		c. Telephone Number (give area code) (619) 692-0727, Ext. 104
d. Signature of Authorized Representative 		e. Date Signed 6/17/05

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

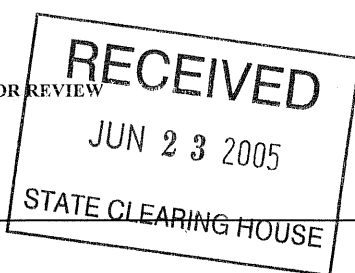
5. APPLICANT INFORMATION

Legal Name Los Angeles County Metropolitan Transportation Authority	Organizational Unit: Regional Program Management
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952	Name and telephone number of the person to be contacted on matters involving this application (give area code) Steve Henley (213) 922-3093

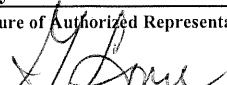
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75	7. TYPE OF APPLICANT: (enter appropriate letter in box) N A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____
8. TYPE OF APPLICATION: New Continuation x Revision If Revision, enter appropriate letter(s) in box(es): A A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify) _____	State Chartered Transit District 9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 5 07 TITLE 49 U.S.C. § 5309	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: CA-03-0508-06 – Metro Gold Line Eastside Extension
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF	
Start Date 04/08/01	Ending Date 12/31/09	a. Applicant 25 through 39, 42, 46 b. Project 29, 31, 32 and 34

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 59,520,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>06/21/05</u> b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$.00		
c State	\$.00		
d Local	\$ 14,880,000.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 74,400,000.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative Gladys Lowe	b Title Director Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 	e. Date Signed 6/22/05	

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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
				3. DATE RECEIVED BY STATE	State Application Identifier
				4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name Los Angeles County Metropolitan Transportation Authority	Organizational Unit: Regional Program Management
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952	Name and telephone number of the person to be contacted on matters involving this application (give area code) Steve Henley (213) 922-3093

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95 - 440 1975

8. TYPE OF APPLICATION:

New ☐ Continuation ☒ Revision A

If Revision, enter appropriate letter(s) in box(es):

A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (specify)7. TYPE OF APPLICANT: (enter appropriate letter in box) **N**

A State	H Independent School Dist.
B County	I State Controlled Institution of Higher Learning
C Municipal	J Private University
D Township	K Indian Tribe
E Interstate	L Individual
F Intermunicipal	M Profit Organization
G Special District	N Other (Specify) _____

State Chartered Transit District

9. NAME OF FEDERAL AGENCY:

Federal Transit Administration10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
20 - 507
TITLE 49 U.S.C. § 5307

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:

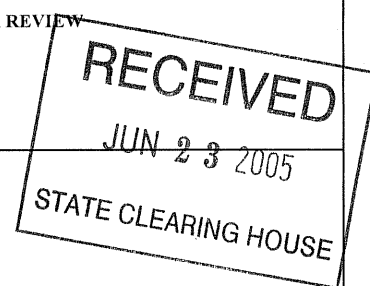
CA-90-Y056-02 Metro Gold Line Eastside Extension

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 04/08/01	Ending Date 12/31/09	a. Applicant 25 through 39, 42, 46	b. Project 29, 31, 32 and 34

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 10,276,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>06/21/05</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 1,331,365.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 11,607,365.00		



18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative Gladys Lowe	b Title Director Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 	e. Date Signed 	

Previous Editions Not Usable

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5-31-2005	Applicant Identifier Tulare County Fire Department	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Tulare County Fire Department		Organizational Unit: Department: Fire Department	
Organizational DUNS: 099710811		Division:	
Address: Street: 1968 South Lovers Lane		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Lisa	
City: Visalia		Middle Name	
County: Tulare		Last Name Marrone	
State: CA	Zip Code 93292	Suffix: Battalion Chief	
Country: USA		Email: LMarrone@fire.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6000545

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify) ☐ ☐

7. TYPE OF APPLICANT: (See back of form for Application Types)
B
Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA United States Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-766

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
F.R.I.S.C. Facility Repair and Improvement to Serve the Community

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Tulare County Communities: Cutler, Richgrove, Terra Bella, Ivanhoe, Earlimart

13. PROPOSED PROJECT

Start Date: 10-1-2005	Ending Date: 9-30-2006
--------------------------	---------------------------

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant District 20 b. Project District 20

15. ESTIMATED FUNDING:

a. Federal	\$	37,150
b. Applicant	\$	13,050
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	50,200

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 5-31-2005
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name David	Middle Name
Last Name Hillman		Suffix
b. Title Chief		c. Telephone Number (give area code) 559-732-5954
d. Signature of Authorized Representative		e. Date Signed 5-31-2005

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 5, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Woodlake Redevelopment Agency	Organizational Unit:
Address (give city, county, State, and zip code): 350 N. Valencia Blvd. Woodlake, CA. 93286	Name and telephone number of person to be contacted on matters involving this application (give area code)

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94 — 6000458 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> </div>
--	--

8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 — 766 </div> TITLE: _____	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PURCHASE OF WOODLAKE AIRPORT PROPERTY
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Woodlake, California 93286	
---	--

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date Ending Date 6/1/05 12/31/05	a. Applicant DEVIN NUNES
b. Project DEVIN NUNES	

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:60%;">\$ 650,000.</td> <td style="width:20%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ RECEIVED</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$ JUN 23 2005</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$ STATE CLEARING HOUSE</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 650,000.</td> <td style="text-align: right;">0.00</td> </tr> </table>	a. Federal	\$ 650,000.	.00	b. Applicant	\$ RECEIVED	.00	c. State	\$ JUN 23 2005	.00	d. Local	\$ STATE CLEARING HOUSE	.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 650,000.	0.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 650,000.	.00																				
b. Applicant	\$ RECEIVED	.00																				
c. State	\$ JUN 23 2005	.00																				
d. Local	\$ STATE CLEARING HOUSE	.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. TOTAL	\$ 650,000.	0.00																				

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
--	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative William Lewis	b. Title City Administrator	c. Telephone Number (559) 564-8055
d. Signature of Authorized Representative 		e. Date Signed 4/22/05

OMB Approval No. 0348-0043

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/21/2005	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier F-50-R	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: State of California		Organizational Unit: Department: Department of Fish and Game		
Organizational DUNS: 808322358		Division: Fisheries Programs Branch		
Address: Street: 1812 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: First Name: Carolyn		
County: Sacramento		Middle Name		
State: CA Zip Code: 95814		Last Name: Murata		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Email: cmurata@dfg.ca.gov		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE (Name of Program): Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Amendment #19 to Marine Sport Fish Management and Research, Revised Project Statements and Costs - from FY 04/05 - FY 06/07. Please note: change in title to: Management of Marine Sport Fish.		
13. PROPOSED PROJECT Start Date: 07/01/2004 Ending Date: 06/30/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project Statewide - 99		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 6,757,875.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 23, 2005		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 2,252,625.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 9,010,500.00	a. Authorized Representative		
Prefix: First Name: Renee Middle Name:		Last Name: Renwick Suffix:		
b. Title: Deputy Director, Administration		c. Telephone Number (give area code): (916) 653-4633		
d. Signature of Authorized Representative: <i>Renee Hardy</i>		e. Date Signed: 6/22/05		

APPLICATION FOR FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/22/2005	Applicant Identifier
3. DATE RECEIVED BY STATE 		State Application Identifier 	
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier 	

5. APPLICANT INFORMATION * Legal Name: Rural Community Assistance Corporation * Organizational DUNS: 093587368 Address: * Street1: 3120 Freeboard Drive, Suite 201 Street2: * City: West Sacramento County Yolo * State: CA * Zip Code: 95691 * Country: USA 6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2512284 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 93.570 TITLE: Community Services Block Grant_Discretionary Awards 12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): AK, AZ, CA, CO, HI, ID, NV, NM, OR, UT, WA 13. * PROPOSED PROJECT: * Start Date: 10/01/2005 * Ending Date: 09/30/2010 15. * ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td>* a. Federal</td> <td>\$ 1,000,000.00</td> </tr> <tr> <td>* b. Applicant</td> <td>\$ 400,000.00</td> </tr> <tr> <td>* c. State</td> <td>\$ 1,063,592.00</td> </tr> <tr> <td>* d. Local</td> <td>\$ 0.00</td> </tr> <tr> <td>* e. Other</td> <td>\$ 0.00</td> </tr> <tr> <td>* f. Program Income</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 2,463,592.00</td> </tr> </table>		* a. Federal	\$ 1,000,000.00	* b. Applicant	\$ 400,000.00	* c. State	\$ 1,063,592.00	* d. Local	\$ 0.00	* e. Other	\$ 0.00	* f. Program Income	\$ 0.00	g. TOTAL	\$ 2,463,592.00	Organizational Unit: Department: Environmental Department Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: * First Name: June Middle Name: * Last Name: Otow Suffix: * Email: jotow@rcac.org * Phone Number (give area code) Fax Number (give area code) 360-565-8456 360-565-8457 7. * TYPE OF APPLICANT: Institution (Other than Institution of Higher Education) 9. * NAME OF FEDERAL AGENCY: Administration for Children and Families 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community facilities technical assistance program area 2.0 14. * CONGRESSIONAL DISTRICTS OF: <table style="width:100%;"> <tr> <td>* a. Applicant</td> <td>* b. Project</td> </tr> <tr> <td>1</td> <td>Various rural areas (see #12)</td> </tr> </table> 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 06/22/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No 18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. <table style="width:100%;"> <tr> <td colspan="2"> a. Authorized Representative Prefix: * First Name: June Middle Name: * Last Name: Otow Suffix: </td> </tr> <tr> <td> * b. Title: Corporate Development Director * Email: jotow@rcac.org </td> <td> * c. Telephone Number (give area code): 360-565-8456 Fax Number (give area code): 360-565-8457 </td> </tr> <tr> <td colspan="2"> d. Signature of Authorized Representative: Completed on submission to Grants.gov </td> </tr> <tr> <td colspan="2"> e. Date Signed: Completed on submission to Grants.gov </td> </tr> </table>	* a. Applicant	* b. Project	1	Various rural areas (see #12)	a. Authorized Representative Prefix: * First Name: June Middle Name: * Last Name: Otow Suffix:		* b. Title: Corporate Development Director * Email: jotow@rcac.org	* c. Telephone Number (give area code): 360-565-8456 Fax Number (give area code): 360-565-8457	d. Signature of Authorized Representative: Completed on submission to Grants.gov		e. Date Signed: Completed on submission to Grants.gov	
* a. Federal	\$ 1,000,000.00																											
* b. Applicant	\$ 400,000.00																											
* c. State	\$ 1,063,592.00																											
* d. Local	\$ 0.00																											
* e. Other	\$ 0.00																											
* f. Program Income	\$ 0.00																											
g. TOTAL	\$ 2,463,592.00																											
* a. Applicant	* b. Project																											
1	Various rural areas (see #12)																											
a. Authorized Representative Prefix: * First Name: June Middle Name: * Last Name: Otow Suffix:																												
* b. Title: Corporate Development Director * Email: jotow@rcac.org	* c. Telephone Number (give area code): 360-565-8456 Fax Number (give area code): 360-565-8457																											
d. Signature of Authorized Representative: Completed on submission to Grants.gov																												
e. Date Signed: Completed on submission to Grants.gov																												

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: CSU, Chico Research Foundation		Organizational Unit: Department: Office of Sponsored Programs	
Organizational DUNS: 61-217-7162		Division:	
Address: Street: CSU, Chico - Bldg. 25		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Chico		Prefix:	First Name: Diane
County: Butte		Middle Name: M.	
State: CA		Last Name: Johnson	
Zip Code: 95929-0870		Suffix:	
Country: USA		Email: dmjohnson2@csuchico.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 - 0386518		Phone Number (give area code) (530) 898-5700	Fax Number (give area code) (530) 898-6804
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other - Nonprofit 501(c)3 Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66- - 436 TITLE (Name of Program): SURVEYS, STUDIES, INVESTIGATIONS, DEMONSTRATIONS, AND TRAINING GRANTS AND COOPERATIVE AGREEMENTS - SECTION 104(B)(3) OF THE CLEAN WATER ACT		9. NAME OF FEDERAL AGENCY: EPA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Standardization of Benthic Invertebrate Bioassessment Protocols for Low-Gradient Streams in California	
13. PROPOSED PROJECT Start Date: 8/01/05 Ending Date: 07/31/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant second b. Project all CA districts	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 30,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6-22-05	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 30,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Carol	Middle Name	
Last Name Sager	Suffix		
b. Title Director, Office of Sponsored Programs	c. Telephone Number (give area code) (530) 898-5700		
d. Signature of Authorized Representative	e. Date Signed 6/22/05		

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Prescribed by OMB Circular A-102

Standard Form 424

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		6-20-05	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			CA-03-0634-01
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Antelope Valley Transit Authority			
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
42210 6th Street West		Randy Floyd	
Lancaster, CA 93550		661-729-2206	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
95-4327119		<input checked="" type="checkbox"/> G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
8. TYPE OF APPLICATION:		RECEIVED JUN 21 2005 STATE CLEARING HOUSE	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input checked="" type="checkbox"/> A <input type="checkbox"/> B A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		8. NAME OF FEDERAL AGENCY:	
Federal Transit - Capital Program Grant and Loans		U.S. Department of Transportation Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
Antelope Valley portion of northern Los Angeles County, California		Additional funding for the Maintenance & Operations Facility - Phase II construction and equipment.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
7/1/05	4/30/07	22 and 25	22 and 25
15. ESTIMATED FUNDING:			
a. Federal	\$	1,816,912.00	
b. Applicant	\$	.00	
c. State	\$	.00	
d. Local	\$	454,228.00	
e. Other	\$	.00	
f. Program Income	\$	.00	
g. TOTAL	\$	2,271,140.00	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
<input checked="" type="checkbox"/> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6-20-05 <input type="checkbox"/> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
Randy Floyd		Executive Director	661-729-2206
d. Signature of Authorized Representative		e. Date Signed	
[Signature]			

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier 95-6005880	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of McFarland		Organizational Unit: Department: NA		
Organizational DUNS: 17-095-2766		Division: NA		
Address: Street: 401 West Kern Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Rafael		
City: McFarland		Middle Name		
County: Kern		Last Name Melendez		
State: CA	Zip Code 93250	Suffix:		
Country: USA		Email: mcfarlandcity@yahoo.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6005880		Phone Number (give area code) 661 792 3091		Fax Number (give area code) 661 792 3093
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipality Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of McFarland, County of Kern, State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The City is requesting funding for computer equipment, software, and basic office and classroom furniture for a much needed computer learning center program for the local residents of the City of McFarland. The program will focus on teaching local residents on how to use computers as well as provide Microsoft Certification classes for various pgms		
13. PROPOSED PROJECT Start Date: NA Ending Date: NA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th District b. Project 20th District		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 84,700.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 13, 2005		
b. Applicant	\$ 84,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 168,700.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Rafael		Middle Name
Last Name Melendez		Suffix		
b. Title Mayor		c. Telephone Number (give area code) (661) 792 3091		
d. Signature of Authorized Representative		e. Date Signed 6-16-05		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/16/05		Applicant Identifier 23-7135928	
		3. DATE RECEIVED BY STATE 6/17/05		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY 6/17/05		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Native American Health Center, Inc.			Organizational Unit: Department: Fitness and Nutrition		
Organizational DUNS: 78760501			Division: Oakland Clinic		
Address: Street: 3124 International Blvd.			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Ashley		
City: Oakland			Middle Name C.		
County: Alameda			Last Name Phillips		
State: CA		Zip Code 94601		Suffix:	
Country: USA			Email: ashleyp@nativehealth.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7135928			Phone Number (give area code) (510) 535-0555		Fax Number (give area code) (510) 535-0571
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) 0 not-for-profit		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571			9. NAME OF FEDERAL AGENCY: Adm. of Children & Families, OCS		
TITLE (Name of Program):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Antonio and Fruitvale Nutrition Program		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Oakland, Alameda County, CA			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9th b. Project 9th		
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: 9/30/06			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/17/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal \$ 50,000		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED JUN 21 2005 STATE CLEARING HOUSE </div>		c. Telephone Number (give area code) (510) 535-0555	
b. Applicant \$ 10,332				e. Date Signed 6.15.05	
c. State \$					
d. Local \$					
e. Other \$					
f. Program Income \$					
g. TOTAL \$ 60,332					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Martin		Middle Name	
Last Name Waukazoo		Suffix			
b. Title Chief Executive Officer					
d. Signature of Authorized Representative					

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier 05-313
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
RECEIVED JUN 21 2005 STATE CLEARING HOUSE			
5. APPLICANT INFORMATION Legal Name: The Regents of the University of California Organizational DUNS: 62-779-7426 Address: Street: University of California, Riverside City: 200 University Office Building County: Riverside State: CA Zip Code: 92521-0217 Country: USA		Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: (951) First Name: W. Middle Name: Bowman Last Name: Cutter Suffix: Email: bowman.cutter@ucr.edu Phone Number (give area code): 951-827-2088 Fax Number (give area code): 951-827-3993	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006142		7. TYPE OF APPLICANT: (See back of form for Application Types) I. Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: EPA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 66-463		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Implementing the Los Angeles River Metals through Financial Incentives.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 44 b. Project Statewide	
13. PROPOSED PROJECT Start Date: 09/01/05 Ending Date: 02/28/07		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 15, 2005 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 62,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 62,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Last Name Gomez First Name Ruben Middle Name B Suffix b. Title Principal Contract & Grant Analyst c. Telephone Number (give area code) 951-827-4809 d. Signature of Authorized Representative <i>Ruben B. Gomez</i> e. Date Signed June 15, 2005			

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Standard Form 424

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		6-20-05	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			CA-03-0634-01
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Antelope Valley Transit Authority			
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
42210 6th Street West Lancaster, CA 93550		Randy Floyd 661-729-2206	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
95-4377119		<input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input checked="" type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		U.S. Department of Transportation Federal Transit Administration	
If Revision, enter appropriate letter(s) in box(es)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other(specify):		Additional funding for the Maintenance & Operations Facility - Phase II construction and equipment.	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	
Federal Transit - Capital Program Grant and Loans		Antelope Valley portion of northern Los Angeles County, California	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
7/1/05	4/30/07	22 and 25	22 and 25
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,816,912.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE 6-20-05	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 454,228.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 2,271,140.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
Randy Floyd		Executive Director	661-729-2206
d. Signature of Authorized Representative		e. Date Signed	

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Version 7/93

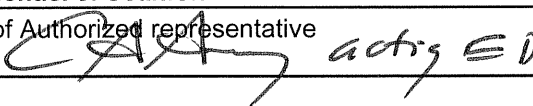
APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 19 APRIL 2005	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY MAY - 9 2005	Federal Identifier	
5. APPLICANT INFORMATION		Organizational Unit:		
Legal Name: LAKE MORENA OAK SHORES MUTUAL WATER CO		Department: USDA		
Organizational DUNS: 83-937-8338		Division: PUBLIC RURAL DEVELOPMENT		
Address: Street:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: CAMPO		Prefix:		
County: SAN DIEGO		First Name: RAYMOND		
State: CA		Middle Name		
Zip Code		Last Name: STICKLEY		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-2462924		Email:		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) MUNICIPAL Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1D-760		9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CAMPO, SAN DIEGO COUNTY, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LAKE MORENA OAK SHORES FUNDING FOR WATER SERVICE IMPROVEMENTS		
13. PROPOSED PROJECT Start Date: AUGUST 2005 Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52ND b. Project 52ND		
15. ESTIMATED FUNDING: a. Federal \$ 2,072,118 b. Applicant \$ c. State \$ 819,882 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 2,892,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2-4-05 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix		First Name RAYMOND		
Last Name STICKLEY		Middle Name WALTER		
b. Title President		Suffix		
d. Signature of Authorized Representative		c. Telephone Number (give area code) 619 478-9787		
Previous Edition Available		e. Date Signed 4-19-05		
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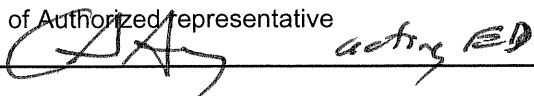
TO: JAMES OWENS
FM: RAMES

MAY - 9 2005

**Application for
Federal Assistance**

1. Type of Submission Application		2. Date Submitted 15-Jun-05	3. Applicant Identifier
Application		3. Date received State	State Application Identifier
<input checked="" type="checkbox"/> Constuction	<input type="checkbox"/> Preapplication Construction	4. Date received by Federal Agency:	Federal Identifier
<input checked="" type="checkbox"/> Non-Constuction	<input type="checkbox"/> Non-Construction		
5. Applicant Information			
6. Legal Name: Peninsula Corridor Joint Powers Board			
Address (give city, county, state, and zip) 1250 San Carlos Avenue San Carlos, San Mateo County, CA 94070		Name and telephone of contact person (give area code) Joel Slavit, (650) 508-6476	
6. Employer Identification Number (EIN): 9 4 3152903		7. Type of Applicant (enter appropriate letter in box) G	
8. Type of Application <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: <input type="checkbox"/> <input type="checkbox"/> A. Increased Award B. Decreased Award C. Increase Award D. Decrease Duration Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO	
10. Catalog of federal domestic assistance number:		9. Name of federal Agency: Federal Transit Administration	
12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties		11. Descriptive title of applicant project: FY 2005 Capital Improvements - Train Tracking Information System	
13. Proposed Project Start Date: 5/31/2006 End Date: 12/31/2008		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED JUN 20 2005 STATE CLEARING HOUSE </div>	
15. Estimated Funding			
a. Federal	\$500,000	14. Congressional Districts of:	
b. Applicant		a. Applicant	
c. State		8, 12, 13, 14, 15 & 16	
d. Local	\$124,500	B. Project	
f. Program Income		8, 12, 13, 14, 15 & 16	
e. Other		16. Is application subject to review by state executive 12372 process? Yes	
g. TOTAL	\$624,250	a. Yes this preapplication/application was made available to the state executive order 12372 process review on Date:	
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.		b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review	
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.			
a. Typed Name of Authorized Representative Michael J. Scanlon		b. Title Executive Director	c. Telephone Number: (650) 508-6221
d. Signature of Authorized representative 		e. Date Signed 6-16-05	

**Application for
Federal Assistance**

1. Type of Submission Application		2. Date Submitted 10-Jun-05	3. Applicant Identifier
<input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. Date received State	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. Date received by Federal Agency:	Federal Identifier
5. Applicant Information			
6. Legal Name: Peninsula Corridor Joint Powers Board			
Address (give city, county, state, and zip) 1250 San Carlos Avenue San Carlos, San Mateo County, CA 94070		Name and telephone of contact person (give area code) Joel Slavit, (650) 508-6476	
6. Employer Identification Number (EIN): 9 4 3152903		7. Type of Applicant (enter appropriate letter in box) G	
8. Type of Application <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: A. Increased Award B. Decreased Award C. Increase Award D. Decrease Duration Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Institution M. Other: MPO	
10. Catalog of federal domestic assistance number: 20.500 Section 5309 Capital Program		9. Name of federal Agency: Federal Transit Administration	
12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties		11. Descriptive title of applicant project: FY 2005 Capital Improvements - Signal System Rehab/Install Crossovers Systemwide Track Rehabilitation Caltrain Security Enhancements Caltrain Station Safety Improvement Project Overhaul Locomotive Caltrain Maintenance Facility Palo Alto ADA Crossing	
13. Proposed Project Start Date: 4/4/2003 End Date: 4/30/2009			
15. Estimated Funding			
a. Federal	\$41,929,230	14. Congressional Districts of:	
b. Applicant		a. Applicant	B. Project
c. State		8, 12, 13, 14, 15 & 16	8, 12, 13, 14, 15 & 16
d. Local	\$10,482,308		
f. Program Income		16. Is application subject to review by state executive 12372 process? Yes	
e. Other		a. Yes this preapplication/application was made available to the state executive order 12372 process review on	
g. TOTAL	\$52,411,538	Date: 6/24/05	
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.		b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has not been selected by state for review	
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.			
a. Typed Name of Authorized Representative Michael J. Scanlon		b. Title Executive Director	c. Telephone Number: (650) 508-6221
d. Signature of Authorized representative 		e. Date Signed 6-14-05	

RECEIVED
JUN 20 2005
STATE CLEARING HOUSE

UHC

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 10, 2005	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: County of Tulare		Organizational Unit: Office of the District Attorney	
Address (give city, county, State, and zip code): 221 So. Mooney Blvd. Rm. 224 Visalia, CA 93291		Name and telephone number of person to be contacted on matters involving this application (give area code) Katie Wallace (559) 624-1054	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000545		7. TYPE OF APPLICANT: (enter appropriate letter in box) B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Grant Application		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mobile Agricultural Surveillance Tower *(M.A.S.T.)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/05	Ending Date 6/30/06	a. Applicant 19, 20, 21	b. Project 19,20, 21
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 23,681.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/10/05	
b. Applicant	\$ 7,894.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 31,575.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Phil Cline		b. Title District Attorney	c. Telephone Number (559) 733-6411
d. Signature of Authorized Representative		e. Date Signed 6-13-05	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/13/2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Vista Community Clinic		Organizational Unit: Department: Maternal and Child Health	
Organizational DUNS: 073383754		Division: N/A	
Address: Street: 1000 Vale Terrace		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Vista		Prefix: Ms.	First Name: Barbara
County: San Diego		Middle Name	
State: CA		Last Name Mannino	
Zip Code 92084	Suffix:		
Country: USA		Email: barbara@vistacommunityclinic.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-2815615

Phone Number (give area code) (760) 631-5000 x 4	Fax Number (give area code) (760) 414-3701
---	---

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

☐ Not for Profit Organization

Other (specify)

9. NAME OF FEDERAL AGENCY:

Administration for Children and Families

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

93-571

TITLE (Name of Program):
Community Food and Nutrition Program - Discretionary Grants

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

North San Diego County, CA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Habitos Sanos

13. PROPOSED PROJECT

Start Date: 10/1/05	Ending Date: 9/30/06
------------------------	-------------------------

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 49	b. Project 49
--------------------	------------------

15. ESTIMATED FUNDING:

a. Federal	\$	50,000.00
b. Applicant	\$	312,480.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	0.00
f. Program Income	\$	0.00
g. TOTAL	\$	362,480.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 6/13/05

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

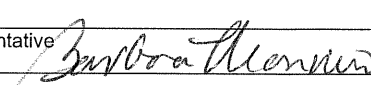
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms.	First Name Barbara	Middle Name
Last Name Mannino		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (760) 631-5000 x 4
d. Signature of Authorized Representative 		e. Date Signed 6/13/05

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6-15-05	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Food For People, Inc		Organizational Unit:	
Organizational DUNS: 197593213		Department: Food Bank	
Address: Street: 307 W 14th Street		Division: Pantry	
City: Eureka		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Humboldt		Prefix: Ms	First Name: Anne
State: CA		Middle Name: D.	Last Name: Holcomb
Zip Code: 95501	Suffix:		
Country: USA	Email: aholcomb@foodforpeople		

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-2772549

7. TYPE OF APPLICANT: (See back of form for Application Types)
0 - Not Profit

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
93-571

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Building Pantry Network Capacity

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Humboldt County, CA

13. PROPOSED PROJECT
Start Date: 10-1-05 Ending Date: 9-30-06

14. CONGRESSIONAL DISTRICTS OF: CA01

15. ESTIMATED FUNDING:

a. Federal	\$ 50,000.00
b. Applicant	\$
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 50,000.-

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 6-16-05
b. No ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		Middle Name	
Prefix Ms.	First Name Anne	D.	
Last Name Holcomb		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) 707-445-3166	
d. Signature of Authorized Representative Anne Holcomb		e. Date Signed 6-16-05	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/18/2005	Applicant Identifier _____
		3. DATE RECEIVED BY STATE _____	State Application Identifier _____
		4. DATE RECEIVED BY FEDERAL AGENCY _____	Federal Identifier _____

5. APPLICANT INFORMATION		Organizational Unit:																						
* Legal Name: Nihonmachi Legal Outreach * Organizational DUNS: 170042253		Department: API Legal Outreach Division: _____																						
Address: * Street1: 1188 Franklin Street, Suite 202 Street2: _____ * City: San Francisco County: San Francisco * State: CA * Zip Code: 94109-6852 * Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. * First Name: Dean Middle Name: Ito * Last Name: Taylor Suffix: _____ * Email: dlit@apilegaloutreach.org * Phone Number (give area code) 415/567-6255 Fax Number (give area code) 415/567-6248																						
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2583284		7. * TYPE OF APPLICANT: Institution (Other than Institution of Higher Education) Other (specify): _____																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. * NAME OF FEDERAL AGENCY: Administration for Children and Families																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 93.570 TITLE: Community Services Block Grant_Discretionary Awards		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asian EITC Collaborative																						
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Francisco Alameda & Contra Costa counties																								
13. * PROPOSED PROJECT: * Start Date: 01/01/2006 * Ending Date: 12/31/2006		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant: 89 * b. Project: CA 08, 09, 10, 13																						
15. * ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>* a. Federal</td><td>\$</td><td>50,000.00</td></tr> <tr><td>* b. Applicant</td><td>\$</td><td>0.00</td></tr> <tr><td>* c. State</td><td>\$</td><td>0.00</td></tr> <tr><td>* d. Local</td><td>\$</td><td>0.00</td></tr> <tr><td>* e. Other</td><td>\$</td><td>88,294.00</td></tr> <tr><td>* f. Program Income</td><td>\$</td><td>0.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>138,294.00</td></tr> </table>		* a. Federal	\$	50,000.00	* b. Applicant	\$	0.00	* c. State	\$	0.00	* d. Local	\$	0.00	* e. Other	\$	88,294.00	* f. Program Income	\$	0.00	g. TOTAL	\$	138,294.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 06/18/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* a. Federal	\$	50,000.00																						
* b. Applicant	\$	0.00																						
* c. State	\$	0.00																						
* d. Local	\$	0.00																						
* e. Other	\$	88,294.00																						
* f. Program Income	\$	0.00																						
g. TOTAL	\$	138,294.00																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																								
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Authorized Representative Prefix: Mr. * First Name: Dean Middle Name: Ito * Last Name: Taylor Suffix: _____ * b. Title: Executive Director * c. Telephone Number (give area code): 415/567-6255 * Email: dlit@apilegaloutreach.org Fax Number (give area code): 415/567-6248																								
d. Signature of Authorized Representative: _____		e. Date Signed: Completed on submission to Grants.gov																						

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Standard Form 424 (Rev. x-xx)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/17/2005		Applicant Identifier _____	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 06/17/2005		State Application Identifier _____	

5. APPLICANT INFORMATION			Organizational Unit:		
* Legal Name: California State University Bakersfield, Foundation			Department: Finance and Accounting		
* Organizational DUNS: 017584231			Division: Business and Public Admin.		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
* Street1: 9001 Stockdale Highway			Prefix: Mr. * First Name: James		
Street2: _____			Middle Name: _____		
* City: Bakersfield			* Last Name: Patten		
* State: CA * Zip Code: 93311 * Country: USA			Suffix: _____ * Email: jpatten@csub.edu		

6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2643086		* Phone Number (give area code) Fax Number (give area code) (661) 654-2339 (661) 654-6697	
---	--	--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		7. * TYPE OF APPLICANT: Institution (Other than Institution of Higher Education)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 93.570 TITLE: Community Services Block Grant Discretionary Awards		9. * NAME OF FEDERAL AGENCY: Administration for Children and Families	

12. * AREAS AFFECTED BY PROJECT (City, County, State, etc.): Bakersfield, Kern, California		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Cal State Bakersfield Foundation Community Services Block Grant Project	
--	--	---	--

13. * PROPOSED PROJECT: * Start Date: 01/01/2006 * Ending Date: 05/16/2006		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant: 22 * b. Project: 22	
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15. * ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
* a. Federal	\$ 50,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
* b. Applicant	\$ 0.00	<input checked="" type="checkbox"/> YES DATE 06/17/2005	
* c. State	\$ 0.00	b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
* d. Local	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* e. Other	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
* f. Program Income	\$ 0.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
* g. TOTAL	\$ 50,000.00		

18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: Mr. * First Name: Michael Middle Name: _____ Suffix: _____ * Last Name: Chertok			
* b. Title: Executive Director		* c. Telephone Number (give area code): (661) 654-2136 Fax Number (give area code): (661) 654-3133	
* Email: mchertok@csub.edu			
d. Signature of Authorized Representative: _____		e. Date Signed: Completed on submission to Grants.gov	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/20/05	Applicant Identifier _____
		3. DATE RECEIVED BY STATE _____	State Application Identifier _____

5. APPLICANT INFORMATION		Organizational Unit:	
* Legal Name: <u>COMMUNITY ACTION PROGRAM COMMITTEE</u>		Department: <u>Not Applicable</u>	
* Organizational DUNS: <u>087511069</u>		Division: <u>Pensacola, Florida</u>	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
* Street1: <u>1308 W. Garden Street</u>		Prefix: <u>Ms.</u> * First Name: <u>Brenda</u>	
Street2: _____		Middle Name: <u>R.</u>	
* City: <u>Pensacola</u> County: <u>Escambia</u>		* Last Name: <u>Tremble</u>	
* State: <u>FL</u> * Zip Code: <u>32501</u> * Country: <u>USA</u>		Suffix: _____ * Email: <u>marilyn@capc-pensacola.org</u>	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) <u>59-1118735</u>		* Phone Number (give area code) Fax Number (give area code) <u>(850) 438-4021</u> <u>(850) 438-0121</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		7. * TYPE OF APPLICANT: <u>Select Applicant Type Code</u> <u>Non Profit Organization</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE <u>93.570</u> TITLE: <u>Community Services Block Grant Discretionary Awards</u>		9. * NAME OF FEDERAL AGENCY: <u>Administration for Children and Families</u>	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Pensacola, FL & Surrounding Cities - Escambia</u>		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>To facilitate a financial infrastructure which will be a gateway to financial literacy and money management, whereby providing asset building opportunities for low income people.</u>	
13. * PROPOSED PROJECT:		14. * CONGRESSIONAL DISTRICTS OF: <u>Escambia County</u>	
* Start Date <u>10/01/05</u> * Ending Date <u>09/30/06</u>		* a. Applicant <u>District 1</u> * b. Project <u>District 1</u>	
15. * ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
* a. Federal \$ <u>50,000</u>		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE <u>06/19/2005</u>	
* b. Applicant \$ _____		b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
* c. State \$ _____		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* d. Local \$ _____		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
* e. Other \$ _____		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
* f. Program Income \$ _____		18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL \$ <u>50,000</u>		a. Authorized Representative Prefix: <u>Ms.</u> * First Name: <u>Brenda</u> Middle Name: <u>R.</u> * Last Name: <u>Tremble</u> Suffix: _____	
* b. Title: <u>Executive Director</u>		* c. Telephone Number (give area code): <u>(850) 438-4021, ext. 18</u> Fax Number (give area code): <u>(850) 438-0121</u>	
* Email: <u>marilyn@capc-pensacola.org</u>		d. Signature of Authorized Representative: _____ e. Date Signed: <u>June 19, 2005</u>	

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 5/12/05		Applicant Identifier B-05-UC-06-0507	
1. TYPE OF SUBMISSION: Application Construction Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier 95004804	
Pre-application Construction Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: County of Ventura		Organizational Unit: Department: County Executive Office			
Organizational DUNS: 066691122		Division: Regional Development Division			
Address: Street: 800 South Victoria Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Christy			
City: Ventura		Middle Name			
County: Ventura		Last Name Madden			
State: CA		Zip Code 93009			
Country: USA		Email: christy.madden@ventura.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		Phone Number (give area code) 805-654-2679		Fax Number (give area code) 805-654-5106	
8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision <input type="checkbox"/> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) County Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 14.218		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County, Fillmore, Moorpark, Ojai, Port Hueneme, Santa Paula		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ventura County FY 2005-06 Annual Plan-Community Development Block Grant Program			
13. PROPOSED PROJECT Start Date: 7/1/05 Ending Date: 6/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23 rd and 24 th b. Project 23 rd and 24 th			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$2,317,072 ⁰⁰		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/12/05			
b. Applicant \$		b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local \$		Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
e. Other \$					
f. Program Income \$ 425,300 ⁰⁰					
g. TOTAL \$2,742,372 ⁰⁰					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name John		Middle Name	
Last Name Johnston				Suffix	
b. Title County Executive Officer		c. Telephone Number (give area code) 805-654-2681			
Email: john.johnston@ventrua.org		Fax: 805-654-5106			
d. Signature of Authorized Representative		e. Date Signed 5/10/05			

Previous Edition Unusable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

Version 9/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED []		Applicant Identifier []	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE []		State Application Identifier []	
RECEIVED JUN 17 2005 STATE CLEARING HOUSE					
5. APPLICANT INFORMATION				Organizational Unit:	
* Legal Name: State of California				Department: Department of Fish and Game	
* Organizational DUNS: 808322358				Division: NCNCR	
Address:				Name and telephone number of person to be contacted on matters involving this application (give area code)	
* Street1: 1416 Ninth Street				Prefix: Mr * First Name: Neil	
Street2: []				Middle Name: []	
* City: Sacramento County Sacramento				* Last Name: Manji	
* State: CA * Zip Code: 95814 * Country: USA				Suffix: [] * Email: nmanji@dfg.ca.gov	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567				* Phone Number (give area code) Fax Number (give area code) (530) 225-2306 (530) 225-2381	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): []				7. * TYPE OF APPLICANT: State Government	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 11.405				9. * NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration	
TITLE: Anadromous Fish Conservation Act Program				11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Salmon and steelhead research, management and enhancement project. This project provides data for the management of salmon and steelhead fisheries in the ocean and Klamath River Basin.	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, Statewide				14. * CONGRESSIONAL DISTRICTS OF:	
13. * PROPOSED PROJECT:				* a. Applicant * b. Project 3 Statewide	
* Start Date * Ending Date 07/01/2005 06/30/2006				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE [] b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. * ESTIMATED FUNDING:				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
* a. Federal \$ 277,179.00					
* b. Applicant \$ 277,179.00					
* c. State \$ 0.00					
* d. Local \$ 0.00					
* e. Other \$ 0.00					
* f. Program Income \$ 0.00					
g. TOTAL \$ []					
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: Mr. * First Name: Don Middle Name: [] * Last Name: Koch Suffix: []					
* b. Title: Regional Manager, NCNCR * c. Telephone Number (give area code): (530) 225-2363					
* Email: DKoch@dfg.ca.gov Fax Number (give area code): (530) 225-2381					
d. Signature of Authorized Representative: Completed on submission to Grants.gov				e. Date Signed: Completed on submission to Grants.gov	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 17, 2005		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																													
Legal Name: Coastside Health Committee		Organizational Unit: Department: N/A																											
Organizational DUNS: 36-323-240		Division: N/A																											
Address: Street: P.O. Box 781		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Maureen																											
City: Half Moon Bay																													
County: San Mateo		Middle Name Hill																											
State: CA Zip Code 94019		Last Name Perron																											
Country: USA		Suffix:																											
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2956085		Email: omperron@comcast.net																											
		Phone Number (give area code) 650-573-3947																											
		Fax Number (give area code) 650-726-2726																											
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)																											
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571 TITLE (Name of Program): Community Food and Nutrition Program		9. NAME OF FEDERAL AGENCY: Administration for Children and Families																											
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Half Moon Bay, San Mateo County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Coastside Family Lifestyle Program (CFLP)																											
13. PROPOSED PROJECT Start Date: 10-1-2005 Ending Date: 9-30-2006		14. CONGRESSIONAL DISTRICTS OF HEARING HOUSE a. Applicant 14th b. Project 14th																											
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 17, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td>48,893</td><td>.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>37,093</td><td>.00</td></tr> <tr><td>c. State</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>85,986</td><td>.00</td></tr> </table>			a. Federal	\$	48,893	.00	b. Applicant	\$	37,093	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	85,986
a. Federal	\$	48,893	.00																										
b. Applicant	\$	37,093	.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	85,986	.00																										
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																													
a. Authorized Representative																													
Prefix Ms.	First Name Maureen	Middle Name Hill																											
Last Name Perron		Suffix -																											
b. Title President		c. Telephone Number (give area code) 650-573-3947																											
d. Signature of Authorized Representative <i>Maureen M. Perron</i>		e. Date Signed June 15, 2005																											

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Applicant Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		3. DATE RECEIVED BY STATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State Application Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
4. DATE RECEIVED BY FEDERAL AGENCY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Federal Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

5. APPLICANT INFORMATION		Organizational Unit:	
* Legal Name: <div style="border: 1px solid black; padding: 2px;">Cal Poly Pomona Foundation, Inc.</div>		Department: <div style="border: 1px solid black; padding: 2px;">Community Service-Learning</div>	
* Organizational DUNS: <div style="border: 1px solid black; padding: 2px;">028929438</div>		Division: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
* Street1: <div style="border: 1px solid black; padding: 2px;">3801 West Temple Avenue</div>		Prefix: <div style="border: 1px solid black; padding: 2px;">Dr.</div> * First Name: <div style="border: 1px solid black; padding: 2px;">Hollie</div>	
Street2: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Middle Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* City: <div style="border: 1px solid black; padding: 2px;">Pomona</div> County <div style="border: 1px solid black; padding: 2px;">Los Angeles</div>		* Last Name: <div style="border: 1px solid black; padding: 2px;">Lund</div>	
* State: <div style="border: 1px solid black; padding: 2px;">CA</div> * Zip Code: <div style="border: 1px solid black; padding: 2px;">91768-2557</div> * Country <div style="border: 1px solid black; padding: 2px;">USA</div>		Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * Email: <div style="border: 1px solid black; padding: 2px;">hlund@csupomona.edu</div>	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">95-2417645</div>		* Phone Number (give area code) <div style="border: 1px solid black; padding: 2px;">(909) 869-4284</div> Fax Number (give area code) <div style="border: 1px solid black; padding: 2px;">(909) 869-4515</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		7. TYPE OF APPLICANT: <div style="border: 1px solid black; padding: 2px;">3-Controlled Institution of Higher Education</div> Other (specify): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE <div style="border: 1px solid black; padding: 2px;">14.514</div>		9. * NAME OF FEDERAL AGENCY: <div style="border: 1px solid black; padding: 2px;">U.S. Department of Housing and Urban Development</div>	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <div style="border: 1px solid black; padding: 2px;">Pomona, CA; Los Angeles County</div>		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <div style="border: 1px solid black; padding: 2px;">A Collaborative Model for Building Leadership and Entrepreneurship Among Pomona's Youth</div>	
13. * PROPOSED PROJECT:		14. * CONGRESSIONAL DISTRICTS OF:	
* Start Date <div style="border: 1px solid black; padding: 2px;">11/01/2005</div>	* Ending Date <div style="border: 1px solid black; padding: 2px;">10/31/2008</div>	* a. Applicant <div style="border: 1px solid black; padding: 2px;">38</div>	* b. Project <div style="border: 1px solid black; padding: 2px;">38</div>
15. * ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
* a. Federal \$ <div style="border: 1px solid black; padding: 2px;">599,970.00</div>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE <div style="border: 1px solid black; padding: 2px;">06/13/2005</div>		
* b. Applicant \$ <div style="border: 1px solid black; padding: 2px;">327,695.00</div>	b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
* c. State \$ <div style="border: 1px solid black; padding: 2px;">0.00</div>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
* d. Local \$ <div style="border: 1px solid black; padding: 2px;">0.00</div>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
* e. Other \$ <div style="border: 1px solid black; padding: 2px;">0.00</div>	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
* f. Program Income \$ <div style="border: 1px solid black; padding: 2px;">0.00</div>	18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix: <div style="border: 1px solid black; padding: 2px;"></div> * First Name: <div style="border: 1px solid black; padding: 2px;">G.</div> Middle Name <div style="border: 1px solid black; padding: 2px;">Paul</div> * Last Name: <div style="border: 1px solid black; padding: 2px;">Storey</div> Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
* b. Title: <div style="border: 1px solid black; padding: 2px;">Executive Director</div> * c. Telephone Number (give area code): <div style="border: 1px solid black; padding: 2px;">(909) 869-2951</div> * Email: <div style="border: 1px solid black; padding: 2px;">gpstorey@csupomona.edu</div> Fax Number (give area code): <div style="border: 1px solid black; padding: 2px;">(909) 869-4549</div>			
d. Signature of Authorized Representative:		e. Date Signed:	
Completed on submission to Grants.gov		Completed on submission to Grants.gov	

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

Preapplication

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

5. APPLICANT INFORMATION

Organizational Unit:

* Legal Name: Grant Police Department

Department: Police Services

* Organizational DUNS: 039904271

Division:

Address:

* Street1: 1333 Grand Avenue

Street2:

* City: Sacramento

County

Sacramento

* State: CA

* Zip Code: 95838

* Country

USA

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Mr. * First Name: William

Middle Name:

* Last Name: Roberts

Suffix: * Email: billroberts@grant.k12.ca.us

* Phone Number (give area code)

Fax Number (give area code)

818-288-4870

818-288-4825

6. * EMPLOYER IDENTIFICATION NUMBER (EIN):

84-6002512

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

(If Revision, enter appropriate letter(s) in box(es))

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other (specify):

7. * TYPE OF APPLICANT: a-Controlled Institution of Higher

9. * NAME OF FEDERAL AGENCY:

Community Oriented Policing Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Web-based Video Surveillance System

12. * AREAS AFFECTED BY PROJECT

(Cities, Counties, States, etc.):

Cities, Counties, School Districts

13. * PROPOSED PROJECT:

* Start Date

11/01/2005

* Ending Date

09/01/2008

14. * CONGRESSIONAL DISTRICTS OF:

* a. Applicant

3

* b. Project

3

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

☒ YES DATE 06/13/2005b. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

☒ YES DATE 06/13/2005b. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Dr.

* First Name: Larry

Middle Name

* Last Name: Buchanan

Suffix:

* b. Title: Superintendent

* c. Telephone Number (give area code): 818-288-4821

* Email: larrybuchanan@grantk12.ca.us

Fax Number (give area code):

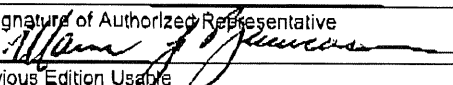
d. Signature of Authorized Representative:

Completed on submission to Grants.gov

e. Date Signed: Completed on submission to Grants.gov

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 7, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY 15 JUN 2005	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Seneca Healthcare District Address (give city, county State, and zip code): 130 Brentwood Drive P.O. Box 737 Chester, CA 96020		Organizational Unit: Special District Name and telephone number of person to be contacted on matters involving this application (give area code): Rosellen Bonney, Grant Writer (530) 258-3330	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 1 3 2 2 2 0 0		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">G</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6 TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Emergency Generator for Lake Almanor Clinic	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Chester, Plumas County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 07/01/05	Ending Date 09/30/05	a. Applicant Congressional District 4 b. Project Congressional District 4	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 36,033	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 35,500		
c. State	\$		
d. Local	\$		
e. Other RCDF Loan	\$ 39,500		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
9. TOTAL	\$ 111,033	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Warren Benicosa		b. Title Chief Executive Officer	c. Telephone Number (530) 258-2067
d. Signature of Authorized Representative 		e. Date Signed 6/13/05	

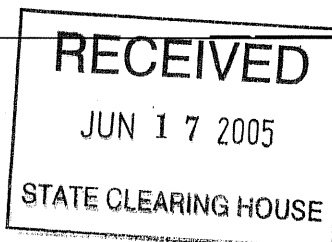
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 Standard Form 424 (Rev. 7-97)
 Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
<input type="checkbox"/> Pre-application		<input type="checkbox"/> Construction		<input type="checkbox"/> Non-Construction	
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
City of Berkeley			Department:		
			Housing Department		
Organizational DUNS:			Division:		
078529924					
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:			Prefix:		
2180 Milvia Street			First Name:		
			Roger		
City:			Middle Name		
Berkeley					
County:			Last Name		
Alameda			Asterino		
State:			Suffix:		
California					
Zip Code			Email:		
94704			rasterino@ci.berkeley.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number (give area code)		Fax Number (give area code)
94-6000299			510-981-5405		510-981-5450
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			Municipal/Local Government		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY:		
			U.S. Department of Housing and Urban Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
14-246			The Oxford Plaza and David Brower Center is a \$65,000,000 development that includes three components: low-income rental units; a conference, office, and retail building; and an underground parking garage.		
TITLE (Name of Program):			14. CONGRESSIONAL DISTRICTS OF:		
			a. Applicant		
			Ninth Congressional District		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			b. Project		
City			Ninth Congressional District		
13. PROPOSED PROJECT			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
Start Date:		Ending Date:	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
08/01/2006		12/31/2007	DATE: June 16, 2005		
15. ESTIMATED FUNDING:			b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
a. Federal	\$	4,000,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
b. Applicant	\$	2,000,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
c. State	\$	6,434,795	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
d. Local	\$	8,260,470			
e. Other	\$	43,847,749			
f. Program Income	\$	0			
g. TOTAL	\$	64,543,014			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name		Middle Name	
		Phil			
Last Name				Suffix	
Kamlarz					
b. Title				c. Telephone Number (give area code)	
City Manager				510-981-7000	
d. Signature of Authorized Representative				e. Date Signed	
				June 15, 2005	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 6-16-05	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name Center for Community Solutions		Organizational Unit Prevention and Education	
Address (Street, County, State and ZIP code) 4508 Mission Bay Drive San Diego, CA 92109		Name and telephone number of person to be contacted on matters involving this application (give area code) Jessica Towne-Cardenas 858-272-5777 ext. 127	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95 - 6379598		7. TYPE OF APPLICANT (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) Non-profit	
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award C. Increase Duration E. Other (specify) B. Decrease Award D. Decrease Duration		9. NAME OF FEDERAL AGENCY Administration for Children & Families	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 93.571 Community Services Block Grant Discretionary Title: Awards - Community Food & Nutrition		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT Multi-faceted Nutrition and Physical Fitness Education to Families.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, Street, etc.) San Diego, CA			
13. PROPOSED PROJECT Start Date 10-01-2005 Ending Date 9-30-2006		14. CONGRESSIONAL DISTRICTS OF Applicant 50th Project 50th	
15. ESTIMATED FUNDING a. Federal 50,000 b. Applicant c. State d. Local e. Other f. Program Income g. Total 50,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION-APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 6-16-05 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If 'Yes', attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Verna Griffin-Tabor		b. Title CEO/Executive Director	c. Telephone Number 858.272.5777
d. Signature of Authorized Representative		e. Date Signed 6-16-05	

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RECEIVED

JUN 16 2005

STATE CLEARING HOUSE

Standard Form 424 (Rev. 4/92)
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/17/05	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPL CANT INFORMATION				
Legal Name: Marin Conservation Corps		Organizational Unit: Department:		
Organizational DUNS: 186420048		Division:		
Address: Street: 27 Larkspur Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Rafael		Prefix: Ms.	First Name: Marilee	
County: Marin		Middle Name		
State: CA		Last Name Eckert		
Zip Code 94901		Suffix:		
Country: USA		Email: meckert@marincc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2831592		Phone Number (give area code) 415-454-4554 x15		Fax Number (give area code) 415-454-4595
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O- Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571 TITLE (Name of Program): Office of Community Services; Community Food and Nutrition Program		9. NAME OF FEDERAL AGENCY: Department of Health and Human Services		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Marin County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Healthy Kids: A garden-based school nutrition project designed to engage students, teachers and parents in positive relationships with healthy diets and food choices. These project-based learning opportunities will take place at five schools in low-income minority communities.		
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: 9/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 6th District b. Project 6th District		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 50,000		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/16/05		
b. Applicant \$ 0		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ 45,730		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$ 35,411		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$ 0		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ 0				
g. TOTAL \$ 131,141				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.		First Name Marilee		Middle Name
Last Name Eckert				Suffix
b. Title Executive Director		c. Telephone Number (give area code) 415-454-4554 x15		
d. Signature of Authorized Representative <i>Marilee Eckert</i>		e. Date Signed 6/16/05		

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: American Baptist Homes of the West			Organizational Unit: Department:		
Organizational DUNS: 07-169-1307			Division:		
Address: Street: 6120 Stoneridge Mall Rd. 3rd Floor			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Pleasanton			Prefix: First Name: Kevin		
County: Alameda			Middle Name		
State: CA Zip Code: 94608			Last Name Knudtson		
Country: USA			Suffix:		
			Email: kkundtson@communityeconomics.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1225374			Phone Number (give area code) (510) 832-8300 x301		
			Fax Number (give area code) (510) 832-2227		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157			9. NAME OF FEDERAL AGENCY: U.S. Department of Housing & Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Daly City CA, San Mateo County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Section 202 Supportive Housing for the Elderly		
13. PROPOSED PROJECT Start Date: 9/16/06 Ending Date: 9/07			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 8 b. Project 12		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	4,775,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/18/05		
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	1,400,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	6,175,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name David		Middle Name B.	
Last Name Ferguson				Suffix	
b. Title President/CEO ABHFW				c. Telephone Number (give area code) (925) 924-7113	
d. Signature of Authorized Representative				e. Date Signed 5/17/05	

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Broadmoor Presbyterian Church (Co-Sponsor)		Organizational Unit: Department:	
Organizational DUNS: 360914613		Division:	
Address: Street: 377 - 87th Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Kevin	
City: Daly City		Middle Name	
County: San Mateo		Last Name: Knudtson	
State: CA	Zip Code: 94015	STATE CLEARING HOUSE	
Country: USA		Email: kknudtson@communityeconomics.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-1231129		Phone Number (give area code) (510) 832-8300	Fax Number (give area code) (510) 832-2227
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O - Not for Profit Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing & Urban Development	
TITLE (Name of Program): Section 202 Supportive Housing for the Elderly 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Daly City, CA, San Mateo County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Section 202 Supportive Housing for the Elderly	
13. PROPOSED PROJECT Start Date: 9/14/06 Ending Date: 9/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 12 b. Project 12	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 4,775,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 1,400,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 6,175,000	a. Authorized Representative	
		Prefix: First Name: Joan Middle Name:	
		Last Name: Anderson Suffix:	
		b. Title: President c. Telephone Number (give area code): (650) 756-5224	
		d. Signature of Authorized Representative: [Signature] e. Date Signed: 05/19/05	

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: American Baptist Homes of the West			Organizational Unit: Department:		
Organizational DUNS: 07-169-1307			Division:		
Address: Street: 6120 Stoneridge Mall Rd. 3rd Floor			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Pleasanton			Prefix: First Name: Kevin		
County: Alameda			Middle Name		
State: CA			Last Name: Knudtson		
Zip Code: 94588			Suffix:		
Country: USA			Email: kkundtson@communityeconomics.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1225374			Phone Number (give area code): (510) 832-8300 x301		
STATE CLEARING HOUSE			Fax Number (give area code): (510) 832-2227		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Section 202 Supportive Housing for the Elderly			9. NAME OF FEDERAL AGENCY: U.S. Department of Housing & Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): South Lake Tahoe, CA, El Dorado County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Section 202 Supportive Housing for the Elderly		
13. PROPOSED PROJECT Start Date: 8/14/06 Ending Date: 8/07			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 8 b. Project 4		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	3,857,700.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/18/05		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	3,405,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	7,262,700.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name: David		Middle Name: B.	
Last Name: Ferguson		Suffix:			
b. Title: President/CEO ABHOW		c. Telephone Number (give area code): (925) 924-7113			
d. Signature of Authorized Representative: <i>David Ferguson</i>		e. Date Signed: 6/17/05			

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**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 10, 2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Association of Bay Area Governments		Department: San Francisco Estuary Project	
Organizational DUNS: 07-907-3920		Division:	
Address: Street: P.O. Box 2050		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Oakland		Prefix: Ms.	First Name: Marcia
County: Alameda		Middle Name L.	
State: CA		Last Name Brockbank	
Zip Code 94604-2050	Suffix:		
Country: USA		Email: mbrockbank@waterboards.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">94-2832478</div>		Phone Number (give area code) 510-622-2325	Fax Number (give area code) 510-622-2501
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N. - Local Government Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">66-456</div>		9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Nine Bay Area Counties and three Delta Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Francisco Estuary Project - Implementation of Comprehensive Conservation and Management Plan (CCMP)	
13. PROPOSED PROJECT Start Date: 12/1/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9	
Ending Date: 12/31/06		b. Project 1-3; 6-10; 12-16	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 411,966.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 10, 2005	
b. Applicant	\$ 18,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 410,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 839,966.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		Middle Name	
Prefix Mr.	First Name Henry	L.	
Last Name Gardner		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) 510-464-7988	
d. Signature of Authorized Representative 		e. Date Signed 6/7/05	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application

Pre-application

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

2. DATE SUBMITTED

App Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

CHT Resource Group

Organizational Unit:

Department:

Organizational DUNS:

058009262

Division:

Address:

Street:

614 Grand Avenue, Suite 400

Name and telephone number of the person to be contacted on matters involving this application (give area code)

City:

Oakland, CA 94610

Prefix:

Ms

First Name:

Rebecca (Malia)

County:

Alameda

Middle Name:

State:

California

ZIP:

94610

Last Name:

Ramler

Country:

USA

Suffix:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

93 - 1220473

Phone Number (give area code):

(510) 625-1256

FAX Number (give area code):

(510) 625-9307

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (Specify):

7. TYPE OF APPLICANT (See back of form for Application Types):

O. Not for Profit Organization

Other (Specify):

9. NAME OF FEDERAL AGENCY:

Administration for Children and Families

10. CATALOG OF FEDERAL DOMESTIC

ASSISTANCE NUMBER:

93 - 571

TITLE (Name of Program):

Comm Svs. Block Discretionary - Food an

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Training for WIC staff in family-centered education about nutrition

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

California

13. PROPOSED PROJECT:

Start Date:

10/01/2005

Ending Date:

09/30/2006

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

Ninth

b. Project

Multiple

15. ESTIMATED FUNDING:

a. Federal

\$50,000.00

b. Applicant

\$0.00

c. State

\$0.00

d. Local

\$0.00

e. Other

\$0.00

f. Program Income

\$0.00

g. TOTAL

\$50,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. ☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 06/13/2005

b. ☐ NO. PROGRAM IS NOT COVERED BY E. O. 12372

OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES

If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

Ms.

First Name

Patricia

Middle Name

Ann

Last Name

Blackburn (blackburn@jba-cht.com) (fax: 510-625-9307)

Suffix

b. Title

Associate Executive Director

c. Telephone Number (give area code)

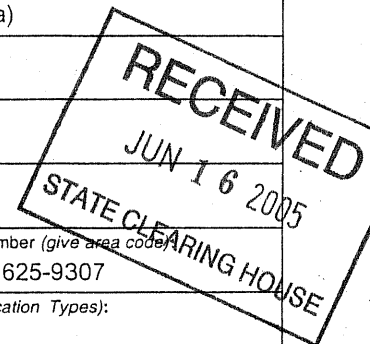
(510) 625-1256

d. Signature of Authorized Representative



e. Date Signed

06/15/2005



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 23, 2005 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY 		Applicant Identifier State Application Identifier Federal Identifier	
---	--	--	--	---	--

5. APPLICANT INFORMATION																																																																											
Legal Name: California State University Dominguez Hills Organizational DUNS: 103895579			Organizational Unit: Department: College of Natural and Behavioral Sciences Division:																																																																								
Address: Street: 1000 E. Victoria St. City: Carson County: Los Angeles State: California Zip Code: 90747 Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Rodrick Middle Name Last Name Hay Suffix: Email: rhay@csudh.edu																																																																								
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2543028			Phone Number (give area code) Fax Number (give area code) 310-243-3385																																																																								
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) I Other (specify)																																																																								
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Center for Urban Environmental Research																																																																								
13. PROPOSED PROJECT Start Date: July 1, 2005 Ending Date: June 30, 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 37 b. Project 37																																																																								
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			a. Federal	\$									b. Applicant	\$									c. State	\$									d. Local	\$									e. Other	\$									f. Program Income	\$									g. TOTAL	\$									16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$																																																																										
b. Applicant	\$																																																																										
c. State	\$																																																																										
d. Local	\$																																																																										
e. Other	\$																																																																										
f. Program Income	\$																																																																										
g. TOTAL	\$																																																																										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Jamie Middle Name Last Name Dote-Kwan Suffix b. Title Vice Provost for Academic Affairs c. Telephone Number (give area code) 310-243-3307 d. Signature of Authorized Representative <i>Jamie Dote-Kwan</i> e. Date Signed 6-15-05			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																																																																								

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